Operation
California First:

2013-2014 Policy Recommendations of the
California Committee on Employment of People
with Disabilities to advance employment outcomes
for Californians with disabilities.

August 28 **2014**

THE CALIFORNIA COMMITTEE ON EMPLOYMENT OF PEOPLE WITH DISABILITIES (CCEPD) is a statewide committee charged in statute with consulting and advising the Secretaries of the California Labor and Workforce Development Agency and Health and Human Services Agency on all issues related to full inclusion in the workforce of persons with disabilities, including development of a comprehensive strategy. Sections 12803.65(d)(e)(f) of the California Government Code also charge the Committee with:

- Coordinating and providing leadership with regard to efforts to increase inclusion in the workforce of persons with disabilities. This includes, but is not limited to, one annual event for youth with disabilities; and
- Facilitating, promoting, and coordinating collaborative dissemination of information on employment supports and benefits, including the Ticket to Work program and health benefits, to individuals with disabilities, consumers of public services, employers, service providers, and state and local agency staff.

CCEPD fulfills its charge by:

- Convening stakeholders at state and local levels to acquire timely and relevant input for policy recommendations and action steps;
- Gathering, analyzing, and disseminating data, policy recommendations, and other information;
- Identifying, formulating, and supporting innovative policy solutions to emerging and long-standing policy barriers and challenges; and
- Providing tools to facilitate effective implementation of policy recommendations.

For more information about CCEPD, please visit www.dor.ca.gov/ccepd

Operation California First: Recommendations to Advance Employment Outcomes for Californians with Disabilities

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Acknowledgements

Lastly, this report and recommendations would not be possible without the ideas, feedback, and dedication of the CCEPD Full Committee and Workgroup Members.

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Letter of Transmittal from CCEPD Chairperson, Maria Nicolacoudis

August 28, 2014
Secretary Diana Dooley
Secretary David Lanier
Sacramento, CA

Dear Secretary Dooley and Secretary Lanier:

The California Committee on Employment of People with Disabilities (CCEPD) is most pleased to present you with a copy of a report entitled, *Operation California First: the 2013-2014 Policy Recommendations of CCEPD to Advance Employment Outcomes for Californians with Disabilities.*

Grounded in the disability movement motto "nothing about us without us," CCEPD's policy development process was guided throughout by the practice of convening people with disabilities and other stakeholders at the local, state, and national levels to inform the development of the recommendations. Through CCEPD's two workgroups, Increasing Employer Demand and Building the Pipeline, Committee members, staff, ad hoc members and technical experts gathered and analyzed the input received, reviewed the current literature, and formulated the policy recommendations contained in this report. The policy recommendations were vetted with stakeholders across the state and nation, including related advisory bodies and associations.

Thanks to your Administration's leadership on issues involving people with disabilities and employment parity, we are confident that the state can continue to increase the labor force participation rate of qualified candidates with disabilities, and can continue to win.

On behalf of all people with disabilities in California, CCEPD stands ready to provide you and the Administration with whatever resources we have to further the implementation of these recommendations.

Sincerely,

Maria Nicolacoudis
Chairperson

Introduction: Operation California First

The California Committee on Employment of People with Disabilities (CCEPD) is a statewide committee charged in statute with:
- Consulting and advising the Secretaries of the California Labor and Workforce Development Agency and Health and Human Services Agency on all issues related to full inclusion in the workforce of persons with disabilities, including development of a comprehensive strategy; and
- Coordinating and providing leadership with regard to efforts to increase inclusion in the workforce of persons with disabilities.

The mission of the Committee is to achieve an employment rate for people with disabilities in parity with that of the general population. As of June 2014, the labor force participation rate of working-age Californians with disabilities was 18.4% compared to 67.2% for Californians without disabilities, leaving a 48.8% gap. [1] This rate, like the current national labor force participation rate for Americans with disabilities of 28.3 percent,[2] is lower than it was in 1988 before passage of the Americans with Disabilities Act (ADA), making California the state with the lowest disability labor force participation rate in the nation.[3]

There are approximately 2.8 million working-age people with disabilities in California, 2.2 million of which do not participate in the labor force at all. [4] Increasing disability employment in California by even a small margin (.5 percent) would require that close to 8,000 of those 2.2 million people with disabilities enter the labor force. Bridging a 48.6% percent employment gap is not something that will happen overnight, nor is it something that will happen solely by using the same methods employed over the last twenty years. Achieving disability employment parity requires innovative, large-scale, systems changes that are in line with the state's workforce development strategy and that will result in the employment of thousands of Californians with disabilities annually.

It is with that specific purpose and goal in mind that CCEPD set out in 2013 to identify and vet policy recommendations for the Secretaries' consideration that we believe, if

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[1] EDD-Labor Market Information Division, based on Current Population Survey of Household data.
[2] *U.S. Bureau of Labor Statistics*
[3] Income and Poverty Estimates from the American Community Survey (ACS) and the Annual Social and Economic Supplement to the Current Population Survey (CPS). Presentation at January 30, 2013 CCEPD meeting by Dr. Stephen Kaye, Director, UC San Francisco Community Living Policy Center.
[4] EDD-Labor Market Information Division, based on Current Population Survey of Household data.

implemented, will lead over time to California being the state with the highest disability labor force participation rate in the nation instead of the lowest.

Focus on Health Care: Getting to the Root Cause of Disability Unemployment

While there are many factors that contribute to the low labor force participation rate among people with disabilities in California, CCEPD made a strategic decision to focus the Committee's efforts in 2013 and 2014 on increasing the percentage of people with disabilities in California's health workforce because research indicates that California's healthcare providers have a tremendous influence on a disabled person's decision to work or return to work. According to data from the 2007 – 2008 California Survey of People with Disabilities published in 2010 by Dr. Stephen Kaye in the *Journal of Disability and Health*, two-thirds of labor force nonparticipants with disabilities cited disability as their reason for not working. Most of those not working due to disability saw themselves as unable to work, whether at their former job (92%) or at any job (75%), and 97.3 percent were told by a healthcare provider that they could not work.[5]

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[5] Kaye, H. S. (2010). Barriers to employment for people with disabilities: Bad advice, poor health, and ineffective public policy. *Disability and Health Journal, 3*(2), e6.

Who told them they can't work?
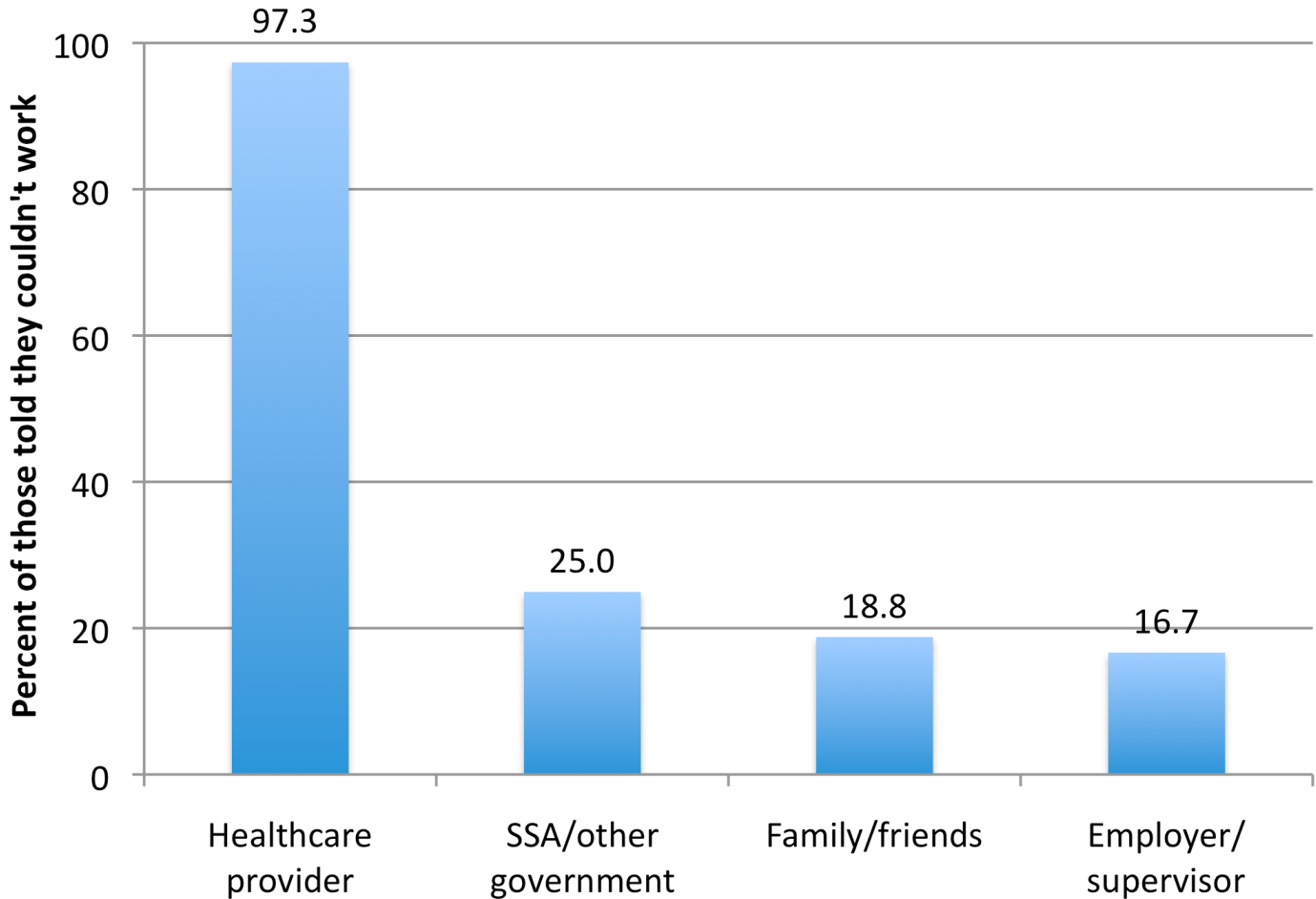
California's health care providers might have a different perception of their patient's employment potential if they worked side by side everyday with a colleague who has a disability, but people with disabilities represent only 4 percent of the health workforce in California.[6] Data from the 2010-2012 American Community Survey further indicates that the workers with disabilities in California's health sector tend to be in lower-paying occupations that require less training. Personal care aides, nursing aides, home health workers, and LPNs all have much higher disability rates than doctors, dentists, and also RNs.

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[6] EDD-Labor Market Information Division, based on Current Population Survey of Household data.

Disability rate among employed working-age California healthcare-related workers, by occupation, 2010-12 [Source: Unpublished tabulations from the American Community Survey][7]

Number of workers	% with disabilities	Occupation
1,292,468	**4.0**	**All healthcare-related workers**
215,213	8.1	Personal care aides
52,893	5.6	Licensed practical and licensed vocational nurses
160,818	5.2	Nursing, psychiatric, and home health aides
60,186	4.3	Medical assistants
18,728	3.7	Other therapists, including exercise physiologists
28,091	3.6	Diagnostic related technologists and technicians
48,958	3.6	Health practitioner support technologists and technicians
30,454	3.5	Clinical laboratory technologists and technicians
23,972	3.2	Massage therapists
261,463	2.6	Registered nurses
19,994	2.1	Physical therapists
26,186	2.0	Pharmacists
88,278	1.4	Physicians and surgeons
21,203	1.3	Dentists
46,236	1.1	Dental assistants
20,529	0.9	Medical scientists, and life scientists, all other
6,514	—	Chiropractors
8,671	—	Dietitians and nutritionists
4,001	—	Optometrists
9,836	—	Physician assistants
718	—	Podiatrists
1,553	—	Audiologists
7,243	—	Occupational therapists
887	—	Radiation therapists
932	—	Recreational therapists
11,881	—	Respiratory therapists
10,106	—	Speech-language pathologists
6,197	—	Veterinarians

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[7] Data provided by Dr. Stephen Kaye, Director of the UC San Francisco UC San Francisco Community Living Policy Center

1,128	—	Nurse anesthetists
6,380	—	Nurse practitioners and nurse midwives
5,590	—	Health diagnosing and treating practitioners, all other
12,453	—	Dental hygienists
16,225	—	Emergency medical technicians and paramedics
11,491	—	Medical records and health information technicians
4,363	—	Opticians, dispensing
12,915	—	Miscellaneous health technologists and technicians
8,585	—	Other healthcare practitioners and technical occupations
516	—	Occupational therapy assistants and aides
6,480	—	Physical therapist assistants and aides
4,270	—	Medical transcriptionists
7,309	—	Pharmacy aides
4,042	—	Veterinary assistants and laboratory animal caretakers
9,187	—	Phlebotomists
10,322	—	Healthcare support workers, all other, including medical equipment preparers

Title V, Section 5307 of the Affordable Care Act notes the need for states to provide culturally competent care, but if people with disabilities represent only 4 percent of the health workforce in California then disabled Californians are arguably not getting access to safe or culturally competent care. By including people with disabilities and a wide variety of other people with different life experiences in California's health workforce, we will be able to ensure safety as well as meet the critical need to provide culturally relevant care. For instance, as the National Organization of Nurses with Disabilities (NOD) notes, "having nurses who are Deaf and use American Sign Language or are proficient with reading lips can meet a vast unmet need; and, most likely will enhance safe patient care, as they will be able to communicate directly with people who are Deaf and not rely on interpreters (especially good for people receiving psychotherapy and people making life altering decisions)."[8] Through CCEPD stakeholder input, in fact, the Committee learned of one hospital in California that has a respiratory therapist who is Deaf and in high demand because she is the only staff

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[8] Marks, B., K. McCulloh, and R. Jones, *Beyond Goldilocks: Getting Disability Just Right with the Americans with Disabilities Act Amendments Act of 2008 in the Nursing Profession.* Article in Submission.

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member who can accurately read the lips of cancer patients who have recently undergone a tracheotomy and cannot talk.[9]

CCEPD's strategic decision to focus on increasing the percentage of people with disabilities in California's health workforce was also informed by developments in disability employment policy at the federal level. In July of 2012, Delaware Governor Jack Markell officially became chair of the National Governors Association (NGA) and announced that his chair's initiative would focus on the employment challenges that affect individuals with disabilities and the role that both state government and business can play in facilitating and advancing opportunities for these individuals to be gainfully employed in the competitive labor market. At the conclusion of his one-year tenure as NGA Chair, in August of 2013 Governor Markell and the NGA issued a blueprint, "A Better Bottom Line: Employing Individuals with Disabilities," that included five specific areas for action that governors can take to advance employment outcomes for individuals with disabilities in their state:

1. Make disability employment part of the state workforce development strategy;
2. Find and support businesses in their efforts to employ people with disabilities;
3. Be a model employer by increasing the number of people with disabilities working in state government;
4. Prepare youth with disabilities for careers that use their full potential, providing employers with a pipeline of skilled workers; and
5. Make the best use of limited resources to advance employment opportunities for people with disabilities.

While all five areas for state action in the blueprint are incorporated into CCEPD's recommendations, the first two areas ("make disability employment part of the state workforce development strategy," and "find and support businesses in their efforts to employ people with disabilities") are what prompted the Committee to focus on California's health sector. A specific recommendation in the blueprint is that governors "increase employment opportunities for individuals with disabilities by encouraging state agencies to use sector strategies, which are among the few workforce interventions that statistical evidence shows to improve employment opportunities for workers." The State Strategic Workforce Development Plan, as developed under the leadership of the California Workforce Investment Board (CWIB), is employer-driven, regional in approach, and focuses on the three high-growth industries in California's economy of health care, advanced manufacturing, and clean energy. Jobs in California's health sector are slated to grow 27 percent by 2020 in order to meet the

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[9] Testimony provided at *CCEPD's Stakeholder Input Session* at the California Association of Postsecondary Education and Disability Conference in October of 2013.

health care needs of the state's growing and aging population.[10] Economic researchers forecast that over the next 20 years, California will need to train approximately 1 million allied health workers to meet our state's health care needs.[11]

It is not common practice to think of the 2.8 million working-age Californians with disabilities as part of the answer to this critical health workforce shortage because they are largely viewed as the patient rather than the provider given their underrepresentation within California's health workforce. There are many reasons, however, for making it common practice. Workers with disabilities bring a unique perspective and set of skills that have the untapped potential to transform the health care industry by enhancing culturally relevant and competent care for all patients. At the March 2014 CCEPD meeting, the Committee received testimony from Amanda Mooneyham, a deaf medical student at UC Davis, who invented a clear surgical mask in order to read lips during her surgical rotation. While the clear surgical mask certainly benefitted Amanda, it is also an innovative invention that is now enhancing care for all patients across the United States. Some serious stereotypes would be challenged if we got our blood drawn from a blind phlebotomist, and if you have a daughter who uses a wheelchair and her doctor wheels into the room, you have just in that one moment completely transformed your child's life and your expectations for her future. The disability movement has been challenging the medical model of disability for over forty years, but largely from the outside in. A fundamental transformation of that model can only occur when people with disabilities take their rightful place within the health workforce and start changing the model from within. Only then will we truly see radical change, get to the root cause of disability unemployment, and become a meaningful part of society.

"In order for us as poor and oppressed people to become part of a society that is meaningful, the system under which we now exist has to be radically changed. This means that we are going to have to learn to think in radical terms. I use the term 'radical' in its original meaning – getting down to and understanding the root cause."
 - Ella Baker

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[10] *Recovery 2020: Job Growth and Education Requirements through 2020*, Georgetown Public Policy Institute Center on Education and the Workforce, June 2013.
[11] *Help Wanted: Will Californians Miss Out on a Billion-Dollar Growth Industry?* Fenton Communications, funded by a grant from The California Wellness Foundation.

Six Areas for State Action to Advance Employment Outcomes for Californians with Disabilities

This report outlines six areas of recommendations for consideration by the California Secretaries of Health and Human Services and Labor and Workforce Development. It focuses on specific actions the state can take to support health sector businesses in California that have committed to employ people with disabilities as well as actions the State of California itself can take as an employer. The actions include, among others:

1. **Being a model employer by increasing the number of people with disabilities working in state civil service**. The percentage of California state employees with disabilities has increased only 1.9 percent since 2005. The percentage of California state departments meeting the State Personnel Board's disability parity rate of 16.6 percent, furthermore, is 32 percent. CCEPD recommends the issuance of an Executive Order calling for at least an additional 9000 people with disabilities to be employed by the State of California by 2020 in order to increase the employment participation rate for workers with disabilities in the overall state workforce from 10.4 percent to 13.3 percent.

2. **Making disability employment part of the state workforce development strategy.** For the 2013 program year, only 2.9% of the enrolled participants in California's Wagner-Peyser-funded programs and only 5.3% of the enrolled participants in California's WIA-funded programs were people with disabilities.[12] Building on the successful model developed by the City of Los Angeles Workforce Development System and their Disability Employment Initiative, CCEPD recommends that at least 10% of the enrolled participants served in each Local Workforce Investment Board (LWIB) area in California be individuals with disabilities, and that this requirement be adopted either through the enabling state legislative process or as one of the criteria for local boards to determine the effectiveness of their services for people with disabilities under Section 121(g)(1) of the Workforce Innovation and Opportunity Act (WIOA). CCEPD also recommends that the CalJOBS website be revised to allow for the collection and tracking of disability data.

   Making the state workforce development strategy part of disability employment programs. Title I of WIOA calls for one unified State plan that must include the provisions of the State plan for vocational rehabilitation services. Subtitle B, Section 412(a)(26) of WIOA requires that the annual state vocational

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[12] Data extracted from CalJOBS on August 15, 2014.

rehabilitation plan include a description of how the state is increasing competitive, integrated employment outcomes for individuals with disabilities using in-demand industry sector initiatives. CCEPD recommends that the annual state plan for *every* California Health and Human Services Agency department engaged in disability employment – not just the Department of Rehabilitation – be incorporated into the unified state plan and include: a description of how the department's efforts are aligned with the California Strategic Workforce Development Plan, and how the department is prioritizing the disability workforce needs of federal contractors in California's in-demand industry sectors of health care, advanced manufacturing and clean energy, thereby increasing competitive, integrated employment outcomes for Californians with disabilities. CCEPD also recommends that all CHHS departments engaged in disability employment efforts and their contractors educate and facilitate job seekers with disabilities to create a personal profile and upload their resumes into the state's CalJOBS website.

3. **Finding and supporting federal contractors in California's health sector in their efforts to employ people with disabilities.** On March 24, 2014, revised regulations went into effect for Section 503 of the Rehabilitation Act and Section 402 of the Vietnam Era Veterans Readjustment and Assistance Act that establish a new goal for federal contractors and subcontractors that 7% of each job group in their workforce be qualified individuals with disabilities, and also required them to set an annual hiring benchmark of 8% for protected veterans, including veterans with disabilities. A challenge for the 426 federal contractors in California's health sector who collectively receive over $330 million dollars in federal contracts is finding qualified candidates with disabilities. CCEPD recommends the creation of a public/private partnership that includes the commitment of: (a) at least two health sector employers in California to meet and even surpass the utilization and hiring goals in the revised regulations; (b) California's philanthropic community to assist these and other health sector employers in changing their corporate culture and policies to promote self-identification and retention of employees with disabilities; (c) the State of California to provide funding for the public workforce system to recruit and train people with disabilities and disabled veterans in high-demand health sector occupations; and (d) the disability research community in California to evaluate the outcome of this collective impact approach.

In addition to the public/private partnership, CCEPD also recommends that the state: 1. Make the disability and veteran workforce needs of federal contractors in California's health care, advanced manufacturing, and clean energy sectors an

executive-level priority directly tied to the state's workforce and economic development agendas; 2. include cross-system metrics and performance outcome measures in the state's "common workforce accountability system" for all California Health and Human Services Agency (CHHS) departments that provide workforce or jobs services to individuals with disabilities and veterans; 3. have all CHHS departments engaged in disability employment efforts measure and report on the number of consumers with disabilities with career goals in the three economic-growth sectors as part of their existing performance measurement processes; and 4. have disability-related workforce preparation programs within CHHS departments submit an annual plan to their department detailing their region's labor market data and how their program will work with the Local Workforce Investment Board(s) and providers to meet the disability workforce needs of federal contractors in their regions in the health care, advanced manufacturing and clean energy sectors.

4. **Ensuring students with disabilities are fully included in California's health-related Career and Technical Education Programs (CTE).** CTE programs focused on preparing K-12 students for careers in the health sciences have shown to have a positive impact on graduation rates and post-school outcomes. It is difficult to determine the participation and successful engagement of students with disabilities in California's CTE programs since only two of the five programs currently collect data on students with disabilities. However, 2012 data for one of those programs, Regional Occupational Centers and Programs (RCOP), indicates that students with disabilities represent only 3.4% of RCOP enrollment, which is a rate not commensurate with overall K-12 enrollment of students with disabilities (11% for the 2012 school year). CCEPD recommends that that Secretaries work with the State Superintendent of Public Instruction to require that existing and emerging CTE programs collect and report data on the number of students with disabilities who enroll in and complete CTE programs in general and health care sector in particular, and that technical assistance and professional development be provided for CTE teachers about coordination with special education, recruitment, inclusive practices (including the relationship to common core implementation), and providing accommodations for students with disabilities.

5. **Revising the technical standards for California's nursing education programs so they support the equal participation of students with disabilities.** A large percentage of the 131 nursing education programs in California utilize technical standards (non-academic admission requirements) that are written in a way that could have an adverse impact on the equal

participation of students with disabilities. It is difficult to determine the precise numerical impact since the California Board of Registered Nursing (BRN) is not required to collect disability demographic data for the Pre-Licensure Nursing Program Annual School Report or for the Biennial Survey of Registered Nurses. CCEPD recommends the Secretaries address this high impact barrier currently limiting educational and employment opportunities within California's health workforce for students with disabilities by working with the Secretary of the California Business Consumer Services and Housing Agency (BCSHA) to encourage nursing education programs in California to revise their technical standards to align with a model technical standard contained in this report and to ensure disability demographic data is collected as part of the BRN's regular reporting requirements.

6. **Preparing youth with disabilities for careers that use their full potential by continuing to provide state support for the California Model Youth Leadership Forum for Students with Disabilities (YLF) and its expansion.** YLF is a week long event for California high school juniors and seniors with disabilities held annually in Sacramento that is designed to support student delegates' attainment of personal goals related to education, employment, and independent living. Since 1992, YLF has transformed the lives of over 1,000 youth with disabilities in California, and spawned the development of YLF's in 33 other states and Puerto Rico. 2016 will mark the 25th Anniversary of the California YLF, and with involvement from key stakeholders, CCEPD created a five-year strategic plan for the future of YLF as an organization that includes four main goals related to: (a) organizational structure; (b) funding; (c) expansion; and (d) celebrating multiple identities. One of CCEPD's activities outlined in statute is to provide leadership and coordination of an annual event for youth with disabilities. CCEPD recommends that this event continue to be YLF and that the state continue to provide support for the event and its' expansion, as outlined in the Strategic Plan.

These areas reflect recurring themes heard by CCEPD members from experts in the field of disability employment and are supported by the latest research. The six sections that follow offer a more detailed discussion of the recommendations outlined above, as well as additional recommendations designed to advance employment outcomes for Californians with disabilities.

The State of California as a Model Employer of People with Disabilities

In August of 2013, the National Governor's Association (NGA) issued a report with recommendations for increasing the employment of people with disabilities entitled, "*A Better Bottom Line: Employing People with Disabilities.*" [13]One of the five main recommendations in the report is that states become "a model employer by increasing the number of people with disabilities working in state government." Governors are urged to "set a state goal for hiring people with disabilities through an executive order and hold agencies accountable for achieving that goal."

The NGA recommendation is based, in part, on the success of a similar strategy at the federal level. In July of 2010, President Obama issued Executive Order 13548 establishing the goal of hiring 100,000 people with disabilities in the federal workforce by 2015. In addition to re-establishing the goal originally set during the Clinton Administration, the executive order created specific deadlines and requirements of federal agencies to recruit, hire, train, retain, and promote workers with disabilities and report on their progress. There are now more people with disabilities working in the federal government both in real number and percentage than at any time in the past twenty years. A recent report published by the US Office of Personnel Management found: [14]

- By the end of Fiscal Year (FY) 2012, total permanent Federal employment for people with disabilities had increased from 203,694 in FY 2011 to 219,975, representing an increase from 10.97 to 11.89 percent.
- New hires who were people with disabilities totaled 16,653, representing an increase from 14.65 percent in FY 2011 to 16.31 percent in FY 2012.
- At no point in the past 32 years have people with disabilities been hired at a higher percentage than in FY 2012.

According to a 2014 report written by the Heldrich Center for Workforce Development at Rutgers University entitled, *States as Model Employers of People with Disabilities: A Comprehensive Review of Policies, Practices, and Strategies*, an increasing number of states across the nation are embracing the strategy of issuing executive orders to increase the employment of people with disabilities. Governors in Maine, Utah, Kansas, Massachusetts, Virginia, Washington, and Minnesota have all issued

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[13] A Better Bottom Line: Employing People with Disabilities
http://www.nga.org/files/live/sites/NGA/files/pdf/2013/NGA_2013BetterBottomLineWeb.pdf
[14] US Office of Personnel Management Report on the Employment of Individuals with Disabilities in the Federal Executive Branch for Fiscal Year 2012
http://www.opm.gov/policy-data-oversight/diversity-and-inclusion/reports/disability-report-fy2012.pdf

executive orders committing their states to be model employers of people with disabilities.[15]

Background

The State of California was an early leader in in recognizing the significant role California government can play in advancing the employment of individuals with disabilities through the state's own hiring and employment practices. In 2005, Governor Schwarzenegger signed Executive Order S-04-05 requiring all state agencies to "utilize best efforts with respect to recruitment, hiring and advancement" of persons with disabilities, to review hiring practices annually, and to use the Limited Examination and Appointment Program (LEAP) list to fill vacancies.[16] LEAP is an alternate examination and appointment process designed to facilitate the recruitment and hiring of persons with disabilities into State of California civil service employment. The order also assigned the State Personnel Board and the Department of Rehabilitation to provide leadership in launching the California Model Employer Initiative (CMEI). The CMEI project was based on upon a state as a model employer action plan, developed in conjunction with representatives from 29 California state departments. Thirty-five items were outlined in the action plan, which included such deliverables as: a model employer definition, CMEI and LEAP program videos, a comprehensive review of all available statistical data and policy recommendations to address discrimination complaints, the drafting of a mentoring program, and a model employer online training for state supervisors and hiring personnel.[17] Training modules were developed through a partnership between the California Department of Rehabilitation, State Personnel Board, San Diego State University Interwork Institute, and Talent Knows No Limits that review the state's goals and objectives, discuss techniques on how to reach out and recruit people with disabilities for state employment, and offer information on how to support a more inclusive work environment.[18] On top of S-04-05, in 2010 Governor Schwarzenegger issued Executive Order S-04-05 S-11-10, which advised state agencies and departments to review their reasonable accommodation policies and to ensure that state goods and services purchased are accessible to people with disabilities.

Despite all these efforts, between 2005 and 2012 there was only a 1.9 percent increase in the percentage of state employees with disabilities from 8.6 percent to 10.5

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[15] States as Model Employers of People with Disabilities: A Comprehensive Review of Policies, Practices, and Strategies, http://askearn.org/docs/StateModel.pdf
[16] http://gov.ca.gov/news.php?id=2003
[17] California Model Employer Initiative. (2012). *Project final report*. Sacramento, CA: Author.
[18] Ibid.

percent.[19] and that figure has since dropped back down to 10.4 percent as of March 2014. [20] The percentage of departments meeting the state's disability parity rate, furthermore, is very low. The California Department of Human Resources (CalHR) 2012 Report to the Governor and Legislature on the Annual Census of Employees in the State Civil Service stated that, according to the Census of California for 2000, statewide representation of persons with disabilities was 16.6 percent. This number was adopted by the State Personnel Board as the State's disability parity rate which all State departments are required to meet. Those that do not meet 16.6 percent disability parity are considered to have a deficiency of persons with disabilities in their workforce. A department with a disability representation below 13.3 percent (80 percent of the disability parity) is also required to set a hiring goal and develop an action plan to increase representation of persons with disabilities. Yet, even with these current policies, CalHR's 2012 Annual Census Report, shows that only 32 percent of all state departments are currently meeting or exceeding the disability parity rate of 16.6 percent.

As the National Governor's Association blueprint notes, executive leadership is needed to set a statewide hiring goal, to enforce the departmental hiring goals and actions plans, and to hold departments with a deficiency of persons with disabilities in their workforce accountable:

> "Hiring goals hold people accountable and focus their attention on the talent pool of people with disabilities. Survey research from Cornell University shows that when people are held accountable, the priority is not only communicated but demonstrated. Support from governors is critical for setting and meeting hiring goals…when governors speak people listen and when governors insist on results, people rally to the cause."[21]

Under the leadership of Jonathan Clarkson, the Co-Chair of CCEPD's Increasing Employer Demand workgroup, over the course of the last year CCEPD members, ad hoc workgroup members, and staff conducted extensive stakeholder engagement, including an input session at the Association of California State Employees with Disabilities (ACSED) Annual Symposium on September 24th 2013, and a partnership

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[19] California Department of Human Resources Annual Census of Employees in the State Civil Services
http://www.calhr.ca.gov/Documents/ocr-census-of-employees-2012.pdf
[20] Statewide Civil Service Demographic Statistical Reports March 2014
http://jobs.spb.ca.gov/spb1/wfa/r5000_series.cfm?dcode=SW&filename=r5102_statewide\2014-03.txt
[21] A Better Bottom Line: Employing People with Disabilities
http://www.nga.org/files/live/sites/NGA/files/pdf/2013/NGA_2013BetterBottomLineWeb.pdf

with the California Civil Rights Officers Council (CCROC) to conduct a survey of state department EEO/Civil Rights Officers gathering information on how their reasonable accommodation programs are being implemented within state civil service. Main findings from the stakeholder input includes:

- The percentage of California state employees with disabilities has increased only 1.9 percent since 2005.
- Only 32 percent of all state departments are currently meeting or exceeding the 16.6% disability parity rate hiring goal established by CalHR
- Lack of engagement and follow up with departments who fall below the 80% disability parity rate goal of 13.3%.
- Lack of consistency across the departments in terms of how they house, fund, and operate their reasonable accommodation program
- Lack of proper training for mangers on how to efficiently and effectively accommodate employees with disabilities.

Based on this input, Committee members then engaged subject matter experts from the U.S. Office of Personnel Management and the Heldrich Center for Workforce Development at Rutgers University to learn more about the executive orders in other states and to draft the following recommendation as well as the text for a draft executive order for California.

Recommendation

In commemoration of the 25th anniversary of the Americans with Disabilities Act on July 26, 2015, CCEPD recommends the issuance of an Executive Order calling for:

- Full compliance and enforcement of Executive Orders S-04-05 and S-11-10;
- The hiring of at least an additional 9000 qualified individuals with disabilities by the State of California by 2020 in order to increase the representation of workers with disabilities in the overall state workforce from 10.4 percent to 13.3 percent through specific deadlines, benchmarks, and requirements of state agencies; and
- Beginning in 2020, the reassessment of this goal every two years until the representation of people with disabilities in the State civil service workforce reaches the disability parity rate in the 2020 Census of California.

Including the following components, among others contained in the draft order submitted to the Secretaries under separate cover, will help ensure departmental accountability and compliance:

Regarding Recruitment and Hiring of Individuals with Disabilities:

- The submission of a plan by all departments with a deficiency of workers with disabilities that includes a numerical goal at least equal to 16.6 percent of the

department's workforce and annual performance targets and activities to bring the department's disability representation rate to at least 13.3 percent within five years;

- Designation of a senior-level department Human Resources or Personnel official to be accountable for enhancing employment and promotional opportunities for individuals with disabilities within the department and for meeting the goals of the order;
- Increased utilization of and collaboration with programs and resources that assist in the recruitment and hiring of people with disabilities;
- A report evaluating the effectiveness of the Limited Examination and Appointment Program (LEAP) alternate selection process for people with disabilities;
- Designation of a full-time position by CalHR to track progress and assist departments with the implementation of their plans; and
- Development of a system for reporting regularly on departmental progress with meeting the goals of the order.

Regarding the Provision of Reasonable Accommodations:
- Establishment of a Centralized Reasonable Accommodation Fund within each department;
- Designation of at least one employee within each department to serve as the Reasonable Accommodation Coordinator (RAC) who is in a job classification equivalent to or higher than that of an Associate Governmental Program Analyst and is a permanent full time employee;
- Participation in training for supervisors and hiring managers on how to handle reasonable accommodation requests;
- Ensure the Reasonable Accommodation Program is either housed in or maintains a strong tie to the department's Equal Employment Opportunity Office;
- Establishment of uniform timelines for departments to respond to a completed reasonable accommodation request by approving the request, denying it, or indicating additional time is needed;
- Establishment of guidelines to ensure consistent, timely, good faith, and interactive Reasonable Accommodation processes and procedures throughout all state departments; and
- Establishment of clear policies and procedures for a return to work and retention for employees who are injured or acquire a disability while on the job.

Make Employing People with Disabilities Part of California's Workforce Development Strategy, and Make the State's Workforce Development Strategy Part of California's Disability Employment Programs

The 2013 National Governors Association (NGA) Blueprint for Governors entitled, *A Better Bottom Line: Employing People with Disabilities*, includes five policy recommendations for governors to increase employment of individuals with disabilities in their state. The first recommendation is that Governors should "make disability employment part of the state workforce development strategy" by directing "state agencies to align disability programs with workforce and economic development programs, track disability employment outcomes and make sure they are included with current workforce data collection."[22]

Background

Under the leadership of the California Workforce Investment Board (CWIB), people with disabilities have been included in California's workforce development strategy as a target population since 2012. The state's 2012-2017 workforce development plan includes a goal to "increase the number of Californians…who complete at least one year of postsecondary education with a marketable credential or degree, with a special emphasis on veterans, disabled individuals, disconnected youth, and other at-risk populations." The CWIB and the Office of Statewide Health Planning and Development (OSHPD) also included language in their most recent Request for Applications (RFA) specifically identifying people with disabilities as a target population, a best practice which should be continued. Making the larger issue of disability employment part of the state's workforce development strategy, however, requires more than identifying people with disabilities as a target population in a plan or RFA; it requires an understanding of Medicaid as a driver of state budgets and of disability employment as a key structural component of the state's overall economic health that should be directly tied as an executive-level priority in the state's workforce and economic development agendas.

As the NGA blueprint notes, however, too often disability employment is viewed as a strictly "human services issue" and not an economic and workforce development priority. "Many state policies and cultures are rooted in the past," the blueprint states, "when funding and practices went toward the old paradigm of 'taking care' of people with disabilities and assigning that responsibility to human service agencies. That outdated thinking is beginning to change, with an increasing number of states making

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[22] A Better Bottom Line: Employing People with Disabilities
http://www.nga.org/files/live/sites/NGA/files/pdf/2013/NGA_2013BetterBottomLineWeb.pdf

integrated employment a priority for people with disabilities and adopting the same strategies for people with disabilities that are used with the broader workforce."[23]

To encourage the adoption of the same strategies for people with disabilities in California, the departments serving people with disabilities within California's Health and Human Services Agency (CHHS) would need to not only incorporate specific disability employment goals, but also make sure those goals are aligned across departments and with the state's workforce and economic development agenda. California's workforce development strategy is employer-driven, regional in approach, and focuses on the three high-growth sectors in California's economy of health care, advanced manufacturing, and clean energy, but this strategy is not currently reflected in the annual plans of disability-serving departments within CHHS largely because every annual plan is written to fulfill a specific federal requirement. The recently signed Workforce Innovation and Opportunity Act (WIOA) goes a long way toward addressing this barrier by requiring core workforce programs to develop a single, comprehensive state plan to break down silos, reduce administrative costs, and streamline reporting requirements. As the NGA Blueprint notes, "It is essential that these agencies be able to work collaboratively, share expertise and resources, and create a more integrated and seamless employment and training approach. Developing a way for these agencies, including public vocational rehabilitation agencies and departments of developmental disabilities, mental health, welfare (Temporary Assistance for Needy Families), education, and labor, to work collaboratively will address many problems noted in this blueprint."

Recent regulatory changes for federal contractors noted in chapter 3 of this report have made this coordinated, strategic action and alignment all the more necessary since no one pipeline in the state's workforce system can individually meet the disability workforce needs of the more than 9,000 federal contractors in California. Building on the improvements in the WIOA, CCEPD advances the following recommendations to begin making that coordinated, strategic action and a reality.

Recommendation to make disability employment part of California's workforce development strategy
In July of 2014, Congress passed and President Obama signed the Workforce Innovation and Opportunity Act (WIOA), and people with disabilities were front and center in this new law. Not only does the Act call out the fact that individuals with disabilities have the highest unemployment rate of any group in the nation, it also contains several provisions that make disability employment part of the state's workforce strategy and increase access for individuals with disabilities to the services

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[23] Ibid.

and supports needed to be successful in competitive, integrated employment. Section 121(g)(1) of WIOA calls for the establishment of objective criteria that local boards can use to "assess the effectiveness, physical and programmatic accessibility, and continuous improvement of the one-stop centers and delivery system" in serving people with disabilities.

Over the last twenty years a lot of time and effort has been put into improving the physical and programmatic accessibility of California's American Job Centers (AJCs, formerly known as One-Stop Centers) and service delivery system for people with disabilities; but just because someone can get in the door does not mean they are *coming* in the door or getting equal or effective service once they are *through* the door. In fact, for the 2013 program year, only 2.9% of the enrolled participants in California's Wagner-Peyser-funded programs and only 5.3% of the enrolled participants in California's WIA-funded programs were people with disabilities.[24]

Wagner Peyser	
Total Enrolled	1,094,054
Disclosed Disability	31,394
Percentage	2.9%

WIA	
Total Enrolled	52,901
Disclosed Disability	2,796
Percentage	5.3%

*Data from CalJOBs system for Program Year 2013 (July 1, 2013-June 30, 2014) for all enrolled California participants

Through funding from the U.S. Department of Labor's Employment and Training Administration and the Office of Disability Employment Policy, the California Employment Development Department's Workforce Services Branch has administered a program called the California Disability Employment Initiative (CDEI) since 2011 that is designed to:
1) Enhance, expand, and promote universal access for people with disabilities to California's AJC's and service delivery system;
2) Assist in improving physical and program accessibility;
3) Build staff capacity;
4) Strengthen relationships with employers;
5) Increase job opportunities of adults with disabilities; and

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[24] Data extracted from CalJOBS on August 15, 2014.

6) Become Employment Networks (ENs) under SSA's Ticket Program to expand the capacity of the AJC system to serve Social Security disability beneficiaries and improve their employment outcomes.

CDEI is being piloted in five areas of the state, including Los Angeles. In 2011 only 1.7 percent of the new enrollments in Los Angeles were people with disabilities so CCEPD member Jaime Pacheco Orozco, the Chief of the Workforce Development Division for the City of Los Angeles, and his partners in the Los Angeles CDEI decided to do something about it. On June 20, 2012, the City of Los Angeles issued an informational bulletin to all WorkSource Center Contractors which noted that, "For PY 12-13 the WIB has instituted a new contractual requirement – that individuals with disabilities compromise 10% of the total number of enrolled participants." As a result of this policy change, the percentage of new enrollees with disabilities in Los Angeles jumped from 1.7 percent to 8.4percent at the conclusion of PY 12-13, and in PY 13-14 Los Angeles had 401 new enrollees with disabilities representing 10 percent of all new enrollees. Not every area is as large as Los Angeles or has the same resources, but the model built in Los Angeles is exemplary and CCEPD believes it needs to be replicated throughout the state.

Therefore, CCEPD recommends that at least 10% of the enrolled participants served in each Local Workforce Investment Board (LWIB) area in California be individuals with disabilities, and that this requirement be adopted either through the enabling state legislation or as one of the criteria for local boards to determine the effectiveness of their services for people with disabilities under Section 121(g)(1) of the Workforce Innovation and Opportunity Act (WIOA). In addition, CCEPD recommends that the number of enrolled participants with disabilities and their percentage relative to the total number of enrolled participants be reported by all LWIB's as part of their regular reporting requirements. CCEPD also recommends that the CalJOBS website be revised to allow for the collection and tracking of disability data.

Recommendation to make the state workforce strategy part of disability employment programs:
While most folks in the country are focused on the changes the Workforce Innovation and Opportunity Act (WIOA) made to the public workforce development system, WIOA also made significant changes to our nation's independent living and disability employment programs through amendments to the Rehabilitation Act of 1973. Not only does WIOA require improved coordination between employment & training activities and programs for individuals with disabilities operated by the Statewide Independent Living Council, the independent living centers, the Department of Developmental Services, and the Department of Rehabilitation, it also contains a provision in Subtitle B, Section 412(a)(26) requiring that the annual state vocational rehabilitation plan

include a description of how the state is increasing competitive, integrated employment outcomes for individuals with disabilities using in-demand industry sector initiatives.

As previously noted, California's workforce development strategy is employer-driven, regional in approach, and focuses on the three in-demand industry sectors in California's economy of health care, advanced manufacturing, and clean energy, but this strategy is not currently reflected in the annual plans of disability-serving departments within CHHS and other agencies largely because every annual plan is written to fulfill a specific federal requirement. WIOA goes a long way toward addressing this barrier by requiring core workforce programs to develop a single, unified state plan, but the only core workforce program under WIOA that is within CHHS is the Department of Rehabilitation. There are many other departments in California that have disability employment programs or related components including, among others:

1) The California Department of Aging's Senior Community Service Employment Program
2) The Department of Developmental Services' habilitation services offered in Regional Centers
3) The Department of General Services' Small Business and Disabled Veteran Business Enterprise Certification
4) The Department of Health Care Services' Assisted Living Waiver Pilot Project, In-Home Operations NF A/B Waiver, and Real Choice Systems Change Grant for Community Living (California Pathways), in addition to the following programs formerly housed under the Department of Mental Health: Integrated Services for Homeless Adults with Serious Mental Illness, Traumatic Brain Injury Services of California, and the California's Mental Health Cooperative Employment Programs;
5) The Department of Social Services' Deaf Access Program, In Home Supportive Services (IHSS) program, and assistance Dog Special Allowance
6) The Department of Transportation's FTS, Section 5310 services that support the ability to seek and accept job placement and remain employed)

WIOA allows the state to include additional workforce development-related programs to participate in and submit federally required plans through the state planning process. **CCEPD recommends** that California elect to use this flexibility and require that the annual state plan for at least every California Health and Human Services Agency department engaged in disability employment – not just DOR – be incorporated into the unified state plan and include a description of how the department's efforts are aligned with the California Strategic Workforce Development Plan, and how the department is prioritizing the disability workforce needs of federal contractors in

California's in-demand industry sectors of health care, advanced manufacturing and clean energy, thereby increasing competitive, integrated employment outcomes for Californians with disabilities. CCEPD also recommends that all CHHS departments engaged in disability employment efforts and their contractors educate and facilitate job seekers with disabilities to create a personal profile and upload their resumes into the state's CalJOBS website.

Find and Support Federal Contractors in California's Health Sector in Their Efforts to Employ People with disabilities

The 2013 National Governors Association (NGA) blueprint for governors, *A Better Bottom Line: Employing People with Disabilities*, notes that "governors can support businesses in their states and improve employment outcomes [for people with disabilities] by ensuring that state government is a good partner for business." One way to do that, according to the blueprint, is for governors to "encourage state agencies to work with multiple businesses instead of one at a time…The approach is known as sector strategies, which are among the few workforce interventions that statistical evidence shows to improve employment opportunities for workers and increase their wages once on the job."[25]

Background

California's State Strategic Workforce Development Plan, as developed under the leadership of the California Workforce Investment Board (CWIB), is employer-driven, regional in approach, and focuses on the three high-growth sectors in California's economy of health care, advanced manufacturing, and clean energy. Jobs in California's health sector are slated to grow 27 percent by 2020 in order to meet the health care needs of the state's growing and aging population.[26] Economic researchers forecast that over the next 20 years, California will need to train approximately one million allied health workers to meet our state's health care needs.[27]

On October 1st, 2013 under the leadership of Anita Wright, the Co-Chair of CCEPD's Increasing Employer Demand Workgroup, CCEPD partnered with the United States Business Leadership Network (USBLN) and IBM to host a round table discussion for employers in the health sector on barriers to, and best practices in, employing workers with disabilities. Over 50 attendees participated from health companies around the nation, including Glaxo Smith Kline, Cardinal Health, Novartis, CVS, Highmark, Kaiser, Molina, and WellPoint, and most of the participants were federal contractors. According to these employers, the greatest challenge facing their industry was complying with a set of recently revised federal regulations related to disability and veteran employment because their companies were having difficulty:

1. Finding qualified candidates with disabilities and disabled veterans; and

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[25] A Better Bottom Line: Employing People with Disabilities
http://www.nga.org/files/live/sites/NGA/files/pdf/2013/NGA_2013BetterBottomLineWeb.pdf

[26] *Recovery 2020: Job Growth and Education Requirements through 2020*, Georgetown Public Policy Institute Center on Education and the Workforce, June 2013.

[27] *Help Wanted: Will Californians Miss Out on a Billion-Dollar Growth Industry?* Fenton Communications, funded by a grant from The California Wellness Foundation.

2. Accurately capturing the number of employees with disabilities in their company's workforce due to the reluctance of current employees with disabilities to self-disclose.

On September 24, 2013, the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) published two final rules for Section 503 of the Rehabilitation Act and Section 402 of the Vietnam Era Veterans' Readjustment Assistance Act that directly impacted these employers. For more than 40 years, Section 503 and Section 402 have prohibited federal contractors and subcontractors from discriminating in employment against individuals with disabilities and protected veterans, and required these employers to take affirmative action to recruit, hire, promote, and retain qualified workers with disabilities and protected veterans. The two final rules published by OFCCP on September 24th revised the regulations for Section 503 and Section 402 by establishing metrics for federal contractors and subcontractors to audit their progress toward achieving equal employment opportunity for people with disabilities and protected veterans. Under 503, there is a new utilization goal for federal contractors and subcontractors that 7 percent of each job group in their workforce be qualified individuals with disabilities, and under 402, there is a new requirement to establish an annual hiring benchmark for protected veterans based on the national percentage of veterans in the workforce, currently 8 percent, or based on the best available data and factors unique to their establishments. The U.S. Department of Labor's Office of Disability Employment Policy estimates that if every company subject to these rules were to achieve the goals and benchmarks laid out, nearly 600,000 qualified workers with disabilities and 200,000 protected veterans would be added to the workforce in just the first year.

There are 9,360 federal contractors in California receiving over $25 billion dollars in federally funded contracts. 426 of them are classified in the healthcare and social assistance category and collectively receive over $330 million dollars in federal contracts. When CCEPD attempted to determine how many qualified candidates with disabilities were available through the public workforce system and disability employment programs to meet the hiring needs of these 426 federal contractors, we were unsuccessful in assessing the scope of the talent pool because most of the state reporting systems did not have the capability to tie a customer's employment goal to an industry, and the state's "common workforce accountability system" created under the California Strategic Workforce Development Plan did not include cross-system metrics and performance outcome measures for departments within CHHS that provide workforce or job services for individuals with disabilities and disabled veterans.

Recommendations

To proactively assist federal contractors in California's health sector in meeting their workforce need for qualified workers with disabilities and disabled veterans, CCEPD recommends the creation of a public/private partnership between the State of California, two major health corporations in California that are federal contractors, and the research and philanthropic communities that would include the commitment of:

1. At least two health sector employers in California to meet and even surpass the utilization and hiring goals in the revised regs;
2. The philanthropic community to assist California's health sector employers in changing their corporate culture and policies to promote self-identification and retention of employees with disabilities;
3. The state to provide funding for the public workforce system to recruit and train people with disabilities and disabled veterans in high-demand health sector occupations; and
4. The disability research community to evaluate the outcome of this collective impact approach.

Proposed outcomes of the partnership include: (a) health sector employers in California have access to a highly-trained, qualified, culturally-competent workforce that is reflective of the populations they serve, including people with disabilities and disabled veterans; (b) an increase in the percentage of qualified workers with disabilities and disabled veterans employed in California's health services sector from the current rate of 3.7 percent; and (c) if successful, the application of this model to assist federal contractors in other high-growth industries in California's economy, including manufacturing and clean energy.

In addition to the public/private partnership, CCEPD also recommends that the state find and support California's federal contractors in their efforts to employ people with disabilities by:

- Making the disability and veteran workforce needs of federal contractors in California's health care, advanced manufacturing, and clean energy sectors an executive-level priority directly tied to the state's workforce and economic development agendas;

- Including cross-system metrics and performance outcome measures for all California Health and Human Services Agency (CHHS) departments that provide workforce or jobs services to individuals with disabilities and veterans in the "common workforce accountability system" identified in objective two of the "System Alignment and Accountability Goal" within the 2012-2017 California Strategic

Workforce Development Plan so there is a clear understanding of the "talent pool" available to federal contractors in California;

- Having all CHHS departments engaged in disability employment efforts measure and report on the number of consumers with disabilities with career goals in the three economic-growth sectors identified in California's 2012-2017 Strategic Workforce Development Plan as part of their existing performance measurement processes.

- Having disability-related workforce preparation programs within CHHS departments submit an annual plan to their department detailing their region's labor market data and how their program will work with the Local Workforce Investment Board(s) and providers to meet the disability workforce needs of federal contractors in their regions in the health care, advanced manufacturing and clean energy sectors.

Ensure Students with Disabilities are Fully Included in California's Health-Related Career and Technical Education Programs (CTE)

The 2013 National Governors Association (NGA) blueprint for governors, *A Better Bottom Line: Employing People with Disabilities*, recommends that governors "change the traditional paradigm of prepping young people with disabilities for a life of benefits" by "integrating youth with disabilities into existing state efforts to improve college and career readiness."

Background

Over the last decade, California has led the way in improving college and career readiness by redesigning and adopting Career Technical Education (CTE) standards to align with the Common Core State Standards, and creating statewide systems to create career pathways with secondary education, postsecondary education and business and industry.[28] Combining academic and vocational education in high school has been shown to be an effective tool in reducing school dropout and increasing graduation rates for all students, and for students with disabilities, years of research has found that participation in vocational education and training programs is positively correlated with higher rates of graduation, enrollment in postsecondary education, and employment. [29] In a May 2014 press release announcing the awarding $250 million in Career Pathways Trust grants linking education and employment in high demand fields, California State Superintendent of Public Instruction Tom Torlakson said, "To make good on our goal of a world-class education for every California student, they have to graduate with the skills and knowledge they need to succeed in the real world. By demonstrating the relevance of students' education, these programs not only encourage kids to stay in school, but also combine the rigorous academics and practical experience employers say they need."

According to CCEPD stakeholder input, however, many students with disabilities in California are not getting access to CTE programs or graduating with the skills and knowledge they need to succeed in the real world. Under the leadership of CCEPD member Joseph Williams, over the course of the last year CCEPD members, ad hoc workgroup members, and staff conducted extensive stakeholder engagement to assess the level of participation and outcomes for students with disabilities within CTE programs that prepare students for careers in the health sciences, including: a pre-Conference Workshop at the California Association of Postsecondary Education and

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[28] Blackmon, D/WestEd Center for Prevention and Early Intervention. "Building the Health Care Employment Pipeline for Students with Disabilities: Opportunities and Challenges," May 2014.

[29] Blackmon, Diana (2014). Building the Health Care Employment Pipeline for Students with Disabilities: Opportunities and Challenges. *WestEd Center for Prevention and Early Intervention.*

Disability Convention on Sunday, October 13, 2013 in Garden Grove, California; a workshop at the California Health Professions Consortium Conference on November 14, 2013 in Sacramento, online stakeholder input surveys for service providers, employers, students/current professionals with disabilities, and CTE and special education teachers and administrators; student delegate policy recommendations from the 2013 Youth Leadership Forum for Students with Disabilities; and taking testimony through a "Disability and Health Sciences" Panel Presentation at the March 13, 2014, CCEPD Meeting at UC Davis Health System Education Building in Sacramento.

A recurring theme throughout the stakeholder engagement process was that students with disabilities have significant disparities in accessing CTE courses and work experience opportunities and are ill-equipped for success in postsecondary education and training programs in the health sciences. Many service providers shared that the students with disabilities they worked with were exiting high school unprepared for even entry-level jobs in the health professions. Alumni from the 2013 California Youth Leadership Forum for Students with Disabilities (YLF) attributed this problem to the fact that many students with disabilities in California are exempt from meeting the academic standards required of non-disabled students, what they referred to as the "CAHSEE exemption." All public school sophomores must take the California High School Exit Exam (CAHSEE), and they cannot graduate without passing the CAHSEE during either their sophomore, junior, or senior years. According to the California Department of Education, the primary purpose of the CAHSEE is to "significantly improve pupil achievement in public high schools and to ensure that pupils who graduate from public high schools can demonstrate grade level competency in reading, writing, and mathematics." On their website, CDE also states that CAHSEE "helps identify students who are not developing skills that are essential for life after high school and encourages districts to give these students the attention and resources needed to help them achieve these skills during their high school years." Beginning in the 2009 -10 school year, California Education Code Section 60852.3 provided an exemption for eligible students with disabilities who have an individualized education program (IEP) or a Section 504 plan from taking and passing CAHSEE in order to receive a diploma of graduation. Many special education advocates supported the CAHSEE exemption as a requirement of receiving a diploma of graduation at the time, because receipt of a diploma is a critical tool for securing future employment. An unintended consequence of this exemption, however, has been the creation of an large population of students with disabilities who cannot secure integrated, competitive employment, because they do not have the basic educational skills necessary to succeed in post-secondary educational and/or employment settings.

Based on the input received, the Committee engaged a subject matter expert from the WestEd Center for Prevention and Early Intervention, Dr. Diana Blackmon, to write a white paper providing an overview of CTE programs in California, assessing the number of students with disabilities in those programs, gathering stakeholder input from a targeted survey of special education and CTE teachers and administrators, and making recommendations. The paper, entitled "Building the Health Care Employment Pipeline for Students with Disabilities: Opportunities and Challenges", can be found in Appendix A of this report. A major finding in the paper is related to data collection of students with disabilities, which can provide an understanding of the population within the CTE programs and their post-school outcomes. Only two programs currently collect data on students with disabilities (as required by Carl D. Perkins funding): Career Technical Education programs and Regional Occupational Centers and Programs. Disaggregated data on students with disabilities is not currently collected and/or reported by the California Career Pathways programs, Linked Learning programs, and California Partnership Academies:

1. California Partnership Academies (CPA): There are 473 funded CPA programs throughout California (81 are health career academies), typically enrolling students in grades 10-12. 50% of enrollees must meet three of six "at-risk" criteria (e.g. poor attendance, economically disadvantaged, low state test scores or grade point average, etc.). Evaluations of the academies in California and throughout the US have found positive effects on students' performance during and after high school. Data is not collected on the number of students with disabilities enrolled in the academies.

2. Linked Learning: Based on the outcomes of the California Partnership Academies, the James Irving Foundation funded the Linked Learning District Initiative from 2009-2015 in nine districts, integrating strong academics, demanding technical education, and real-world career experience. The fourth-year evaluation report of these programs suggests that Linked Learning facilitates progress towards high school graduation and college eligibility, engagement in school, and attainment of career and life skills. Building upon the District Initiative, the California legislature established funding for 20 pilot programs throughout California. The initial phase of the pilot program runs from 2012-17. Data is not collected on students with disabilities.

3. California Career Pathways Trust: In July 2013, the legislature created the California Career Pathways Trust, providing approximately 40 grants to school districts, superintendents, charter schools, and community college districts for innovative career pathways programs integrating: work-based learning;

collaborative partnerships with business, community-based organizations, and postsecondary education institutions; standards-based academics infused with career-relevant curriculum in industry-themed pathways in high-growth/high-need sectors; articulated pathways to postsecondary education; and leveraging of other CTE programs, matching funding and in-kind resources, and other local workforce programs and collaboratives. Data is not available since the funding was recently awarded, although aggregated data will be collected on "students with special needs", which lumps together students defined as disadvantaged, underserved, at-risk, under-represented, special populations, and special education so it will be difficult to determine the participation of students with disabilities in these programs.

4. Regional Occupational Centers and Programs (RCOP): RCOPs have been in existence since the 1970s providing career and technical education and employability skills, and in 2006 legislation was passed to shift the targeted student population from adult learners to high school students. Data on students with disabilities is a requirement of the Carl D. Perkins funding, and 2012 data indicates that students with disabilities represent 3.4% of ROCP enrollment, which is a rate not commensurate with overall K-12 enrollment of students with disabilities (11% for the 2012 school year). Interestingly, the graduation rate for all RCOP enrollees is 74%, while the rate for students with disabilities is higher at 84%.

5. Career Technical Education (CTE): Most California school districts offer one or more of the 15 industry sector career technical education courses of study (incorporating core academic knowledge with technical and occupational knowledge and hands on-learning). Quality CTE programs lead to an industry-recognized credential or certificate and/or articulate with postsecondary education or training programs. Data on students with disabilities is a requirement of Carl D. Perkins funding, and 2012 data indicates that students with disabilities represent nearly 11% of CTE program enrollments (a rate commensurate with overall enrollment of students with disabilities in general education). The 2012 graduation rate for all 12th grade CTE programs is 93%, compared to the graduation rate for students with disabilities is 86%.

According to the paper, these programs should follow the model and example set by the Office of Statewide Health Planning and Development's (OSHPD) Health Careers Training Program (HCTP). In 2014, HCTP included language in their Request for Applications (RFA) identifying students with disabilities as a target population. They

also requested that all current grantees report data on the participation of students with disabilities in the hope that the request may be a first step in raising awareness.

Another finding from the white paper suggests a lack of understanding and awareness related to the recruitment, inclusion, and accommodation of students with disabilities in CTE programs. Key informants expressed a need for specific information on improving coordination between special education and CTE, recruitment practices, types of reasonable accommodations and potential funding sources, and the needs of students with disabilities related to the implementation of common core.

Recommendations

Based on the findings and policy suggestions in the white paper, CCEPD recommends that the Secretaries work with the State Superintendent of Public Instruction on the following:

- Require that existing and emerging CTE programs collect and report data on the number of students with disabilities (including type of disability) who enroll in and complete CTE programs in general and health science and medical technology programs in particular.

- CTE programs should develop a concerted outreach effort to students with disabilities to increase their participation in current and expanded CTE programs;

- As the Department of Education creates and offers professional development on the alignment of Career Technical Education and Common Core State Standards, specific technical assistance and professional development modules on Universal Design for Learning (UDL)1 and Multi-tiered Systems of Support (MTSS)2 should be offered to CTE teachers and to all K-12 teachers to ensure access and support for all students, but particularly students with disabilities; and

- Provide increased technical assistance and professional development for schools and districts in the area of evidence-based predictors that improve post-school outcomes for students with disabilities, and data collection on implementation, to promote effective practices and provide districts with a tool to measure implementation and improvement.

Revise the Technical Standards for California's Nursing Education Programs so they Support the Equal Participation of Students with Disabilities

By 2020, 94 percent of jobs within healthcare will require post-secondary education or training.[30] Among the health occupations forecasted to have the most job openings between 2014 and 2020, registered nursing is the second highest in California with 99,800 job openings statewide requiring at least an Associates degree.[31] The number of students with disabilities in California's pre-licensure public and private nursing education programs is currently unknown since the California Board of Registered Nursing (BRN) is not required to collect disability demographic data for the Pre-Licensure Nursing Program Annual School Report or for the Biennial Survey of Registered Nurses. Students requesting a disability accommodation for assessment testing as part of the community college nursing education selection process, however, represent only 1.4 percent, and only 1.3 percent of the total number of students who passed the testing.[32] Data from the 2010-2012 American Community Survey further indicates that only 2.6 percent of employed California registered nurses have disabilities.

Background

Under the leadership of CCEPD members Scott Berenson and Sandra Rainwater-Lawler, over the course of the last year CCEPD members, ad hoc workgroup members, and staff conducted extensive stakeholder engagement to try and determine the root cause of the low representation of people with disabilities within California's nursing education programs and employed RN population, including: a stakeholder input session at the California Wellness Foundation's Conference on Increasing Diversity in the Health Professions on June 24, 2013 in Los Angeles; a pre-conference workshop at the California Association of Postsecondary Education and Disability Conference on Sunday, October 13, 2013 in Garden Grove; and a stakeholder input session and workshop at the California Health Professions Consortium Conference on November 14, 2013 in Sacramento.

Based on the input received, the Committee then engaged subject matter experts from the U.S. Department of Labor's Office of Disability Employment Policy (ODEP) and Employment and Training Administration (ETA), the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA), and the National Organization of Nurses with Disabilities (NOND) at a federal policy roundtable

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[30] America's Edge, 2013
[31] EDD-Labor Market Information Division
[32] 2014 Nursing Education Programs. California Community Colleges Chancellor's Office. Sacramento, CA.

on March 18, 2014 in Washington, DC around the topic of "Health Care Professionals with Disabilities: Career Trends, Best Practices, and Call-to-Action."

The stakeholder input and subject matter expert guidance all pointed to the technical standards (non-academic admission requirements) used by nursing schools to screen prospective students as the underlying cause for the low representation of students with disabilities in California's nursing education programs and RN profession.

According to the NOND presentation at the federal policy roundtable in March, in 1996 the National Council of State Boards of Nursing (NCSBN) authored a document with an appendix, Appendix A, listing "functional ability activities/attributes a nurse must possess in order to practice safely and effectively."[33] The document was written in response to the recent passage of the Americans with Disabilities Act and concerns about whether a nurse with a disability might impact patient care or safety. The "Functional Abilities Essential for Nursing Practice" list in Appendix A was divided into sixteen categories based largely on physical attributes (gross motor skills, fine motor skills, physical endurance, physical strength, mobility, hearing, visual, tactile, smell, reading, arithmetic, emotional stability, analytical thinking, critical thinking skill, interpersonal skills, and communication skills), and focused on "how" the skill should be performed as opposed to "what" the skill was. For example, "standing," "walking," and "hearing faint body sounds (e.g. blood pressure sounds, assess placement of tubes)," were three of the functional abilities believed to be "essential for an individual to perform nursing activities in a safe and effective manner."[34] As Smith (2008) noted, however, using "physical attributes as a skill, e.g. 'must be able to talk to patients directly' versus 'must be able to communicate effectively'" is not a good way to accurately capture the essential functions of a nurse and "may exclude a class of people, including students with disabilities."

When NCSBN published the document with Appendix A in 1996, the document stated that "within each jurisdiction, the board of nursing has a legislative mandate to protect the public from incompetent providers of nursing care," somehow implying that nurses with disabilities pose a risk to patient safety even though there are no documented incidents of a patient injury caused by a nurse with a physical disability. [35] The NCSBN

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[33] Yocum, C.J. (1996). Guidelines for Using Results of Functional Abilities Studies and Other Resources. (Appendix A; pp.56-57) Chicago: National Council of State Boards of Nursing, Inc.
[34] Ibid
Smith, M. (2008). *Developing Disability-Friendly Policies for Nursing Programs: Technical Standards Versus Essential Functions FAQs,* National Organization of Nurses with Disabilities, Chicago, IL.
[35] Neal-Boylan, L. (April/May 2013). End the Disability Debate in Nursing: Quality Care is a Fact. *Insight Into Diversity*, p.11.

document also encouraged boards of nursing to "use this information when considering the eligibility of an individual for initial or continuing licensure," and suggested the information would be useful to "individuals considering nursing as a career and by nurse educators evaluating both applicants for admission and students enrolled in their programs."

According to NOND's presentation, the list of functional abilities in Appendix A was then adopted by many nursing education programs across the United States in the form of "technical standards" used both formally and informally to "screen" students seeking admission. CCEPD stakeholder input indicated that technical standards based on Appendix A are being used in many of California's nursing education programs and the unintended consequence is a chilling effect on the admission and participation of students with disabilities. To cite one example, there is a nursing education program in California that currently has the following advisory posted on the "entrance requirements" section of their website, and also includes this language as an attachment in their Program Handbook:

Advisory for Career Choice: Mental and Physical Qualifications for Nursing
(also called Essential Functions)

Professional nursing practice requires specific qualifications, abilities, knowledge, and skills. Typically, nursing employers specify these as "minimal essential standards and functions" for employment as a nurse. Although qualifications may vary among employers, the XXX Nursing Program wishes to inform prospective students of the general nature of such qualifications. The following list is provided to enable applicants and accepted students to informally assess their own capabilities for nursing prior to entering the program.

1. Work in a standing position and do frequent walking for twelve hours.
2. Lift and transfer adult and child patients up to six inches from a stooped position, and push or pull the weight of an adult up to three feet.
3. Lift and transfer adult and child patients from a stooped to an upright position to accomplish bed to-chair and chair-to-bed transfers.
4. Use hands, wrists, and arms to physically apply up to ten pounds of pressure in the performance of specific procedures (e.g., to control bleeding, perform CPR).
5. Respond and react immediately to verbal instructions and requests, auditory sounds from monitoring equipment, and perform auditory auscultation of patients.
6. Be able to move freely and physically maneuver in small spaces.
7. Possess sufficient visual acuity to perform close and distant visual activities involving objects, persons, and paperwork, as well as the ability to discriminate depth and color perception.

8. Read calibrated scales of one-hundredth increments in not more than a three-inch space.
9. Possess sufficient fine motor skills and eye-hand coordination to use small instruments and equipment.
10. Discriminate between sharp and dull, hot and cold.
11. Perform mathematical calculations for preparation and administration of medications in a timely manner.
12. Communicate effectively in the English language, both orally and in writing, using appropriate grammar, spelling, vocabulary and word usage.
13. Comprehend verbal and written directions and make appropriate notations.
14. Access patient/client information electronically and document care provided.
15. Develop the ability to make appropriate and timely decisions under stressful situations.
16. Demonstrate sufficient endurance to complete a twelve hour clinical laboratory experience."

Even though the "advisory" includes a note indicating that "employers are required to provide reasonable accommodations for persons with disabilities," simply having such an advisory on the "entrance requirements" section of a nursing program's website could and does have the effect of discouraging students with disabilities in California from applying.[36]

As this example illustrates, some California nursing programs have a technical standard that students "work in a standing position and do frequent walking for twelve hours," but as Dr. Leslie Neal-Boylan, the associate dean of the Quinnipiac University School of Nursing in Connecticut points out, "a nurse who has trouble walking can monitor telemetry on a cardiac unit, work in a poison control center, manage a unit, or be in charge of quality improvement."[37] In spite of this, all prospective nursing students regardless of specialization are required to meet this technical standard before they are admitted to many of California's nursing education programs. Smith (2008) noted that "once students are admitted, they are often asked to read and sign the technical standards page saying they can meet these requirements" and "some schools ask all their students to have the page signed by their physician" In California, the technical standards vary from school to school and are also typically included in the nursing school contracts with hospitals and other clinical sites for the BRN's clinical experience requirement, further limiting educational opportunities for students with disabilities.

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[36] (National Organization of Nurses with Disabilities, personal communication, May 1, 2014).
[37] Neal-Boylan, L. (April/May 2013). End the Disability Debate in Nursing: Quality Care is a Fact. *Insight Into Diversity*, p.11.

To help CCEPD members better understand and develop policy recommendations to address this issue, CCEPD commissioned Dr. Beth Marks from the University of Illinois at Chicago and the President of the National Organization of Nurses with Disabilities, and her colleague, Dr. Sarah Ailey at the Rush University College of Nursing to produce a white paper on the barriers students with disabilities face in accessing nursing education programs. The *White Paper on Inclusion of Students with Disabilities in Nursing Educational Programs for the California Committee on Employment of People with Disabilities (CCEPD)*, which can be found in Appendix B of this report, includes a Model Technical Standard for Nursing Education Programs. It is the first model technical standard of its kind in the nation.

CCEPD members, Dr. Marks and Dr. Ailey also engaged in several conversations with representatives from the California Institute for Nursing & Health Care, the California Board of Registered Nursing, the California Association of Colleges of Nursing, the California Organization of Associate Degree in Nursing – North, and the California Organization of Associate Degree in Nursing – South, and the California Hospital Association concerning this issue.

Based on the stakeholder input received, subject-matter expert guidance, information contained in the white paper, and conversations with leaders in California's nursing education community, CCEPD recommends the following actions be taken to increase the percentage of people with disabilities within California's nursing education programs and employed RN population:

Recommendations:
- The California Department of Consumer Affairs (DCA), in partnership with the California Office of Statewide Health Planning and Development (OSHPD) and the California Department of Fair Employment and Housing (DFEH), should issue a joint "dear colleague" letter to all public and private pre-licensure nursing education programs in California recommending they revise their technical standards to align with the Model Technical Standard for Nursing Education Programs.

- DCA and the California Board of Registered Nursing (BRN) should also work with the California Hospital Association (CHA) and OSHPD to ensure that the Model Technical Standard for Nursing Education Programs is included in all contracts with hospitals that serve as clinical sites for nursing education programs in California.

- DFEH should work with CHA and other statewide associations to ensure that health sector employers in California are using language in their nursing job descriptions that does not have an adverse impact on the ability of prospective job candidates with disabilities to successfully compete for job openings in California's nursing profession.

- On June 2, 2014, the BRN's Survey Advisory Committee agreed to collect information on disability status as part of the 2014 Pre-Licensure Nursing Program Annual School survey. This best practice should be institutionalized so that when leadership changes at the DCA and BRN, these entities will continue to collect disability demographic information in all of the BRN's data collection efforts required under Section 2717 of the California Business and Professions Code, including but not limited to the Biennial Survey of Registered Nurses and the Pre-Licensure Nursing Program Annual School Survey.

- CCEPD also recommends an amendment to Subdivision (h)(1) of California Education Code, Section 78261 to require that disability be included in the disaggregated data that community colleges with registered nursing programs report to the Chancellor's Office for compilation and submission to the legislature and governor by March 1 of each year.

Preparing youth with disabilities for careers that use their full potential by continuing to provide state support for the California Model Youth Leadership Forum for Students with Disabilities (YLF) and its expansion

Background

The California Model Youth Leadership Forum for Students with Disabilities (YLF) is a week long event for high school juniors and seniors with disabilities, held annually since 1992. YLF is designed to support student delegates' attainment of personal goals related to education, employment, and independent living; development of leadership, self-advocacy, and community advocacy skills; and strengthening of disability cultural identity, disability pride, and knowledge of disability history.

YLF was first developed and planned by the California Governor's Committee on Employment of People with Disabilities, and in 2005 the Committee's work shifted from running programs to developing policy. As such, the planning of YLF transitioned to a steering committee structure with multiple state and non-profit partners. Partners and YLF alumni have expressed an ongoing interest in finding a permanent home for the planning and coordination of YLF, expanding the reach of YLF beyond 50-60 youth per year, and increasing alumni leadership of these efforts.

One of the CCEPD activities outlined in statute (Blumenfield, Assembly Bill 119, Statutes of 2011) is to provide leadership and coordination of an annual event for youth with disabilities, and in October 2012 CCEPD voted to approve YLF as that event. In 2013, the CCEPD provided co-leadership for YLF steering committee planning efforts (alongside the Employment Development Department and Department of Rehabilitation). For the 2014 YLF planning year, CCEPD staff manager Rachel Stewart took lead responsibility as YLF project manager.

Consistent with the CCEPD goal to create YLF as an "effective, sustainable, and replicable model", in January 2014 workgroup members convened stakeholders to engage in a YLF strategic visioning process resulting in the development of a five year strategic plan. In order to conduct the strategic planning process, CCEPD staff contracted with the Center for Collaborative Policy at California State University, Sacramento, with leadership assistance from an intern, Mr. Michael Yamagata (a YLF alumnus from 2005). A design team consisting of YLF alumni and planning partners was also pulled together to help guide the planning and stakeholder input process.

Through an online survey and series of workshops with extensive involvement from key stakeholders (including longstanding partners and YLF alumni), several themes arose:

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- Organizational and Financial Sustainability: The YLF program and partner network needs to find and develop ongoing financial resources, organizational structures, and staff support to ensure a stable future and to lay the groundwork for future expansion of program activities.
- Engagement: Mechanisms are needed for successful retention of YLF alumni into the program in order to create a resilient network of participants for current and future YLF programmatic components.
- Expansion: More youth with disabilities need to be exposed to the lessons of YLF.
- Celebrating Multiple Identities: Youth with disabilities have a multitude of different cultural identities that each intersect with each other and need to be acknowledged and celebrated.

To address these themes, four goals and corresponding objectives are included in the YLF Strategic Plan (Appendix C):

1. **Goal 1**: Develop a sustainable organization structure that supports planning for the YLF week-long event, and allows for future expansion and alumni engagement.
2. **Goal 2**: Based on the structure selected for the organizational format, YLF will develop a sustainable financial model.
3. **Goal 3**: Seek ways to grow and expand YLF efforts as a program, so many youth with disabilities participate and engage in empowerment and community building activities year-round.
4. **Goal 4**: Through collaboration, YLF will seek to enhance and celebrate participant's different identities by engaging with youth leadership projects for other diverse cultural communities.

Recommendation:
Based on the goals and objectives in the YLF Strategic Plan, CCEPD recommends that the Secretaries continue to provide departmental support for the YLF week-long event, with ongoing assistance as a new organizational structure is developed.

In coordination with the strategic planning design team, an implementation plan will be developed with tasks, responsible parties, milestones, and timelines. Departmental assistance and state support will be needed in order to develop transition plans and provide ongoing support for the planning and expansion of YLF and related activities.

Conclusion

The recommendations in this report encompass several different innovative and large-scale policy shifts—supported by comprehensive research and stakeholder input—that are intended to assist in closing the significant employment gap faced by Californians with disabilities. Specifically, the recommendations made in this report encompass the following goals:

1. Increase the percentage of Californians with disabilities working in the health care industry by working closely with companies in the healthcare field, as well as federal contractors;
2. Ensure that the present and future workforce development strategy for the state of California makes disability employment a priority;
3. Make the state's workforce development strategy an integrated part of disability employment programs in California;
4. Ensure that students with disabilities in California who are completing Career and Technical Education (CTE) programs are fully included in said programs, via the use of data tracking in all of the programs;
5. Revise the technical standards for nursing education programs within the state of California, so that the programs are inclusive of students with disabilities;
6. Ensure that youth with disabilities are prepared for careers that will use their talent, skills and potential by continuing state support for California's annual Youth Leadership Forum (YLF) and the program's expansion.

Shifting the disability employment balance toward more positive employment outcomes for people with disabilities in California will require massive structural changes in the state's employment policies and workforce development initiatives, the data metrics and tracking of students with disabilities in the state's public K-12 education system, and wide-reaching standards in several of California's fastest-growing industries—including healthcare, advanced manufacturing, and alternative energy.

While such changes take time to plan, implement, and/or legislate, they will make a huge difference in the lives of hundreds of thousands of Californians with disabilities who have the desire and skills to contribute to our state's competitive economy. Implementing these practical goals will take initiative, creativity, and the support of Agency Secretaries, state departments, CCEPD staff and committee members, employers, service providers, educators, and disability researchers across the state, but we can accomplish remarkable changes by working together.

Building the Health Care Employment Pipeline for Students with Disabilities: Opportunities and Challenges

Prepared for the California Committee on Employment of People with Disabilities

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May 2014

Introduction

The California Committee on Employment of People with Disabilities (CCEPD) is a statutorily established committee charged with consulting and advising the secretaries of the California Labor and Workforce Development Agency and the California Health and Human Services Agency on all issues related to full inclusion in the workforce of persons with disabilities. The mission of the CCEPD is to achieve an employment rate for people with disabilities in parity with the general population.

CCEPD fulfills its charge by convening stakeholders at state and local levels to acquire timely and relevant input for policy recommendations and actions steps; gathering, analyzing, and disseminating data, policy recommendations, and other information; identifying, formulating, and supporting innovative policy solutions to emerging and long-standing policy barriers and challenges; and providing tools to facilitate effective implementation of policy recommendations. The CCEPD Action Plan for fiscal year 2013-14 adopted five goals to support increased employment of persons with disabilities:

Goal 1: By June 30, 2014, a major employer in the health care industry will commit to making their workforce reflective of the people they serve by adopting an internal policy to increase the percentage of people with disabilities in their workforce.

Goal 2: By June 30, 2014, students and workers with disabilities in California will have the necessary skills, equal opportunities, and supports to achieve integrated, competitive employment in California's health workforce.

Goal 3: By June 30, 2014, California launches an initiative to increase the employment participation rate for workers with disabilities in the state workforce from 10.4% to 13.3% by 2016 with specific deadlines, benchmarks, and requirements of state agencies to recruit, hire, and retain workers with disabilities.

Goal 4: By June 30, 2014, the California Youth Leadership Forum (YLF) for Students with Disabilities is an effective, sustainable, and replicable model for enhancing the personal, academic, and career potential of young people with disabilities in California.

Goal 5: By June 30, 2014, California promotes innovative reforms of public benefit systems and processes for new applicants and current beneficiaries with

disabilities with the principle objective of maximizing work and economic independence.

CCEPD identified the health care industry as one on which to concentrate its efforts to improve employment of and opportunities for persons with disabilities for at least two reasons. First, the health care industry will continue to be one of California's employment sectors that will demonstrate the highest need for workforce development, providing a broad range of occupational options and a source of employment stability. Second, while persons with disabilities comprise a large percentage of health care consumers, they currently represent only 3.7 percent of the health care workforce. This imbalance creates barriers in the ability of the health care industry to understand and respond to the needs of the disability community. There is some evidence that this imbalance may actually contribute to the perception that persons with disabilities are unable to work, thereby perpetuating lower rates of employment in health care (California Committee on Employment of People with Disabilities, 2013).

The Problem

Combining academic and career-focused education in high school has proven to be an effective tool in reducing dropout and increasing high school graduation for all students. For students with disabilities, 20 years of research has consistently found that participation in this type of program is correlated to improved postsecondary enrollment and employment. California is making a tremendous investment to ensure that students are college and career ready; the question is: **Do students with disabilities have access to these programs?**

The purpose of this paper is to inform and support the following CCEPD goal: "By June 30, 2014, students and workers with disabilities in California will have the necessary skills, equal opportunities, and supports to achieve integrated, competitive employment in California's health workforce." The paper examines high school career preparation programs in general and health care programs in particular and the involvement of students with disabilities in those programs. It describes California high school career technical education programs that support the health care industry, and where data are available, the participation of students with disabilities in those programs. Through stakeholder input, the paper explores descriptions of the challenges and barriers that students with disabilities face in accessing and completing these programs. Finally, it recommends policies that may reverse the low education and training rate of students with disabilities in health care pathway programs, which may contribute to the low employment rate of persons with disabilities in the health care industry.

Background

WHY HEALTH CARE?

Several factors point to health care as a viable employment path for persons with disabilities. People with disabilities comprise a large consumer population in health care, yet they make up less than 4 percent of persons employed in the industry. The health care industry provides a practical and sustainable avenue of employment for persons with a range of disabilities because it offers such a variety of jobs, which themselves require a wide range of skill levels. Increasing the number of persons with disabilities employed in the health care industry will not only provide a viable employment avenue for this population, it will also help the industry understand and respond to the needs of its consumers with disabilities.

As an employment path, health care is one of the high-growth industry sectors in California, offering a sustainable pathway for employment. The Governor's Office of Business and Economic Development reported that California health care jobs maintained consistent growth through the recession, and all of California's geographic workforce regions have health care industry needs (Governor's Office of Business and Economic Development, California Economy by the Numbers, Go-Biz, 2013).

According to Doing What Matters for Jobs and the Economy (2013): Healthcare Sector Profile:

> The healthcare sector is one of the largest employers in California, providing a wide range of job options to residents of both urban and rural areas. With rapid population and expanded coverage under the healthcare reform, the demand for high-quality healthcare services is increasing. In order to provide these services, a sufficient pool of qualified workers is needed. These careers range from entry level to management, including technical and professional specialties.

> Home health care services are slated to add the most jobs in the next three years, while community care facilities for the elderly will increase employment at the fastest rate. Other industries projected to add jobs include outpatient care centers, nursing care facilities, medical and diagnostic labs, other ambulatory health care services, and specialty hospitals. All of these industries are expected to realize substantial relative growth – between 8% and 21% by 2015 (Economic and Workforce Development, 2013).

Likewise, in the *Request for Applications for the Health Science Capacity Building Project* (2013), the California Department of Education states that:

> Of the more than 300 different careers within health care, approximately 41 percent require professional-level preparation, 33 percent require technical-level

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preparation, and 26 percent require assistant-level preparation. Health Science and Medical Technology pathway programs offer career options to (1) match the variety of student aptitudes, interests, abilities, and academic achievement; and (2) prepare students for occupations within the health care industry or for transition into postsecondary education options and/or careers to meet the expanding needs of the health care industry (California Department of Education, 2013).

Research Studies Support the Potential of Career Technical Education for Students with Disabilities

The educational practice of combining academic and career education in high school is not a new idea. The practice can be traced back as early as public education itself (Association of Career and Technical Education, History of CTE, 2014), although then it was referred to as "vocational education." Vocational education began to evolve in the 1980s to what is now referred to as "career technical education" (CTE). Vocational education courses were generally designed to prepare students for specific employment pathways directly out of high school. Career technical education programs are designed to prepare students for continuing education in post-secondary vocational programs or college and careers (Stern, 2010). Many vocational or career technical education programs are funded in large part through the federal Carl D. Perkins Career and Technical Education Act of 2006.

The impact of participation in vocational or career technical education programs on students with disabilities has been the subject of several studies that found a positive correlation between participation in vocational training in high school and higher rates of graduation, post-school education, and employment. Harvey (2001) examined 15 studies published in a 2001 literature review that found at least 60 percent of students with disabilities participated in vocational education while in high school, and the majority of studies reported overall post-school employment rates at least 50 percent or higher. The National Longitudinal Transition Study (NLTS), a national database of more than 8,000 students with disabilities constructed in 1987 by SRI International for the U.S. Department of Education, found that "secondary vocational education is one educational intervention that appears to hold potential for positive school performance as well as positive school outcomes" (Wagner, 1991); the subsequent NLTS-2 (Newman, 2011) completed in 2009 revealed similar findings.

More recently, the National Secondary Transition Technical Assistance Center (NSTTAC) conducted a systematic literature review to identify in-school predictors of post-school success in the areas of employment, education, and independent living for secondary students with disabilities (Test, Mazzotti, Mustian, Fowler, Kortering, &

Kohler, 2009). Predictors of post-school success are an "in-school experience, typically a program, correlated with improved post-school outcomes, based on empirical research." The identified predictors were rated as having moderate or potential levels of evidence. Among the 16 evidence-based predictors of post-school employment that were identified, five are related to career preparation experiences and programs: career awareness, occupational courses, paid employment/work experiences, transition programs, and vocational education (Division of Career Development and Transition, Council for Exceptional Children and the National Transition Technical Assistance Center, 2013).

To improve post-school outcomes for students with disabilities and implementation of evidence-based predicators of post-school success, the U.S. Department of Education, Office of Special Education Programs (OSEP) supports the National Post-School Outcomes Center, the National Secondary Transition Technical Assistance Center, and the National Dropout Prevention Center for Students with Disabilities. The centers collaboratively developed the State Toolkit for Examining Post-School Success (STEPSS), a web-based, data-based decision-making tool designed to support state departments of education in disseminating and using data related to secondary transition and to improve in-school transition programs for youth with disabilities.

The STEPSS tool facilitates the dissemination of secondary transition data from states to their local districts and encourages district use of a data-based decision-making model to identify needs and help prescribe appropriate strategies and interventions. STEPSS employs a structured, yearlong, multi-phase process in which stakeholders:

Examine graduation, drop out, secondary transition components of the individualized education plan (IEP) and post-school outcomes data;
Assess progress toward meeting targets for each of these outcomes areas;
Select predictors of post-school success and;
Develop and implement an action plan designed to improve in-school, secondary transition programs for students with disabilities (National Post-School Outcomes Center, 2013).

Federal Law Ensures Parity for Students with Disabilities

Several federal laws ensure the right for students with disabilities to participate in career technical education programs. The Individuals with Disabilities Education Act (IDEA) amendments of 2004 requires that "all children with disabilities have available to them a free appropriate public education" and that "the rights of children with disabilities and parents of such children are protected." In addition to the IDEA and Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA)

mandates that "no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity." The Carl D. Perkins Career and Technical Education Improvement Act of 2006, which governs federal funding for CTE programs, also contains a requirement that special populations, which include persons with disabilities, will be provided equal access to CTE programs. In California, local education agencies receiving state funds must sign a General Assurances document which affirms, among other things, that: "Programs and services for individuals with disabilities are in compliance with the disability laws (PL 105-17; 34 CFR 300, 303; and Section 504 of the Rehabilitation Act of 1973)" (California Department of Education, 2013).

Characteristics of CTE Programs in California

Historically, CTE and traditional academic programs have operated as separate entities; however, with the push to ensure that all students are career and college ready through Common Core State Standards (CCSS), the opportunity for aligning the two is not only possible, but also necessary. The 2012 report, *Common Core State Standards & Career and Technical Education: Bridging the Divide between College and Career Readiness* (Meeder & Suddreth, 2012) noted that:

> As states are working to align their education systems with the CCSS in support of the goal of graduating all students ready for college, careers and life, academic and CTE leaders at the state and local levels can and should maximize this opportunity to finally break down the silos between their disciplines and collectively find ways to ensure that the new standards rigorously engage all students in both academic and CTE courses.

The report indicated that California is leading the way in aligning career technical education with the Common Core State Standards through development of a common definition of career and college readiness, adopting common core standards, redesigning and adopting the career technical education standards to align with Common Core, and creating statewide systems to create career pathways with secondary education, postsecondary education and business and industry.

The California Department of Education (CDE) follows the Perkins mandates to serve special populations and document the achievement of each group to achieve established performance levels. Areas of achievement relate to CTE program completion, earning 12th-grade diplomas, placement of 12th-graders following program completion, nontraditional program enrollment, and nontraditional career program completion. The CDE's support for special populations is delivered primarily through

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regional workshops and annual statewide leadership training via the CDE and Chancellor's Office of the California Community Colleges partnership, and the Joint Special Populations Advisory Committee of the California Department of Education.

In California, CTE programs and Pathways support 15 defined industry sectors:

Agriculture and Natural Resources
Arts, Media, and Entertainment Technology
Building Trades and Construction
Education, Child Development, and Family Services
Energy and Utilities
Engineering and Design
Fashion and Interior Design
Finance and Business
Health Science and Medical Technology
Hospitality, Tourism, and Recreation
Information Technology
Manufacturing and Product Development
Marketing, Sales, and Service
Public Services
Transportation

Common program structures among the career education programs are alignment of high school, community colleges, and business and industry in specify sectors to create pathways to postsecondary education or training and employment. Alignment sometimes happens as early as middle school. Additionally, some programs like Career Academies and Linked Learning add other program components such as:

Offering a small learning community, comprising a group of students within the larger high school who take classes together for at least two years, taught by a team of teachers from different disciplines;

Providing a college preparatory curriculum with a career theme, enabling students to see relationships between academic subjects and their application to a broad field of work; and

Establishing partnerships with employers, the community, and local colleges and bringing resources from outside the high school to improve student motivation and achievement.

Descriptions of California CTE Programs

The descriptions of California's career technical education programs include a brief

description of the program, identifies the administrating agency and funding source and, if available, the participation rate of students with disabilities. For programs that collect the participation rates of students with disabilities, the graduation rate is also reported. The graduation rates illustrated are based on the California Department of Education definition of the "4-year Adjusted Cohort Outcome Data" measure that "forms the basis for calculating graduation rates, dropout rates, and other related rates. The cohort is the group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12)" (California Department of Education, 2012).

California Career Pathways Trust

Description: In July 2013, the California Legislature created the California Career Pathways Trust. Funds in the amount of $250 million will be made available to school districts, county superintendents of school, charter schools, and community college districts in the form of one-time competitive grants. Approximately 40 grants of varying sizes will be made available to career pathways programs for kindergarten through grade 14 that accomplish the following:

1. Fund specialists in work-based learning to convene, connect, measure, or broker efforts to establish or enhance a locally defined career pathways program that connects school districts, county superintendents of schools, charter schools, and community colleges with business entities.
2. Establish regional collaborative relationships and partnerships with business entities, community organizations, and local institutions of postsecondary education.
3. Develop and integrate standards-based academics with a career-relevant, sequenced curriculum following industry-themed pathways that are aligned to high-need, high-growth, or emerging regional economic sectors.
4. Provide articulated pathways to postsecondary education aligned with regional economies.
5. Leverage and build on any of the following:
   o Existing structures, requirements, and resources of the Carl D. Perkins, California Partnership Academies, and regional occupational programs, including staff knowledge, community relationships, and course development;

   o Matching resources and in-kind contributions from public, private, and philanthropic sources;

   o The California Community Colleges Economic and Workforce Development Program and its sector strategies and deputy sector navigators;

- Participation in the local California Community Colleges Skills Panel (California Department of Education, California Careers Pathways Trust).

Administration and Funding: Funding is from the state budget, administered by the California Department of Education

Participation of Students with Disabilities: Data are not available yet, but for the purposes of this grant, the term "students with special needs" includes students who are defined as disadvantaged, at-risk, underserved, economically disadvantaged, under-represented, special populations, and special education.

California Partnership Academies

Description: State legislation launched the California Partnership Academies (CPAs) in 1984. There are currently 473 funded programs throughout California. In 2012 there were 57, 097 students enrolled in CPAs with 81 funded health career academies enrolling 9,837 students. By law, at least 50 percent of the students in each incoming class of CPA sophomores must meet three of the following six "at-risk" criteria: 1) having a poor attendance record, 2) being significantly behind in credits, 3) demonstrating low motivation for the regular school program, 4) being economically disadvantaged, 5) having low state test scores, or 6) having a low grade point average.

Career academies are small learning communities within larger high schools, usually enrolling students in grades 10–12. Each year students take classes together, including core academic subjects and at least one career-technical course related to the academy's career theme. A team of teachers works with the same group of students over several years, linking opportunities for students to learn outside the classroom.

Several evaluations of career academies in California and elsewhere have found positive effects on students' performance during and after high school. Career academies have provided a model for high school reform and have become an important part of the current Linked Learning initiative in California (Stern, Raby, & Dayton, 2010).

Funding and Administration: Funding is provided via Proposition 98 through the annual state Budget Act, local district matches, and funds or in-kind match provided by participating industry partners. CPAs are administered by the California Department of Education.

Participation of Students with Disabilities: Data are not collected on the number of

students with disabilities enrolled in CPA programs according to the California Department of Education.

Career Technical Education

Description: Most school districts in California offer one or more of the 15 industry sector career technical education courses of study, although not at all high schools. CTE is a program of study that involves a multiyear sequence of courses that integrates core academic knowledge with technical and occupational knowledge to provide students with a pathway to postsecondary education and careers.

A key element of these educational offerings is applied, hands-on learning that simulates and directly relates to activities and skills used within the corresponding occupations and careers. Academic content standards are naturally embedded into quality career technical education programs. It is through the explicit instruction of these standards within an authentic and practical context (i.e. career technical education) that students' understanding of the purpose of their academic program and how they will apply their knowledge and skills in the world beyond the classroom walls is enhanced. Quality career technical education programs, while incorporating academic content standards, provide a non-duplicative sequence of courses leading to an industry-recognized credential or certificate and/or articulate with postsecondary educational/training programs.

Funding and Administration: Funding for CPAs are a combination of Carl D. Perkins and Proposition 98 through the annual Budget Act, administered by the California Department of Education.

Participation of Students with Disabilities: Data from 2012 indicate that students with disabilities represent nearly 11 percent of all CTE program enrollments, a rate commensurate with overall enrollment. The cohort graduation rate for all students enrolled in CTE programs was 14 percent, and the cohort graduation rate for students with disabilities was 11.5 percent.

However, staff from the California Department of Education indicated that many students do not enter CTE programs until the 11th grade making the four-year cohort formula difficult to calculate, so they use the 12th grade concentrator's graduation rate. Concentrators are students who have completed 50 percent of a planned program sequence (in hours or credits) in a state-recognized CTE sequence and are enrolled in the next course in that sequence, or have completed 50 percent of a single state-recognized multi-hour course and are enrolled in the second half of that course. Using that formula, the 2012 graduation rate for all 12th grade CTE concentrators is 93

percent and the graduation rate for 12th grade concentrators with disabilities is 86 percent.

Linked Learning

<u>Linked Learning District Initiative</u>

Description: Built on the positive outcomes of the California Partnership Academies, the James Irvine Foundation initiated Linked Learning in 2006 and launched the California Linked Learning District Initiative in 2009. The program supports nine districts, which collectively serve more than 115,000 youth, or nearly 6 percent of California's two million high school students. The programs represent a variety of geographies and population sizes, and the students in these districts are predominantly non-white and socio-economically disadvantaged. The following unified school districts (USD) are participating in the initiative: Antioch USD; Local District 4 of the Los Angeles USD; Long Beach USD; Montebello USD; Oakland USD; Pasadena USD; Porterville USD; Sacramento USD; and West Contra Costa USD.

According to SRI International, students in certified Linked Learning pathways are making steadier and more significant progress toward graduation and college eligibility; earning more credits in the first two years of high school; more likely to be on track to complete the courses required for admission to California's public four-year universities; and more likely to report that high school has helped them improve a range of skills.

<u>AB 790 Linked Learning Pilot Program</u>

Description: Based on these outcomes, the California legislature expanded Linked Learning to 20 pilot programs that include 63 local education agencies enrolling more than 300,000 high school students. Assembly Bill 790 Linked Learning Pilot Programs are administered by the California Department of Education (CDE). In addition to grant resources, Linked Learning projects receive technical assistance, coaching, and site visits and share a common platform of resources and tools. The CDE has partnered with ConnectEd, an independent nonprofit organization dedicated to advancing Linked Learning as a promising approach to reforming California's high school systems.

Funding and Administration: Funding is provided by the James Irvine Foundation, the state budget, local education agency in-kind matches, and other partners. Linked Learning programs are managed by participating school districts.

Participation of Students with Disabilities: Statewide data on the participation of students with disabilities are not collected but according to CDE staff, disaggregating

data on the participation of students with disabilities is an effort that continues to be undertaken by pilot programs.

Regional Occupational Centers and Programs (ROCP)

Description: California's Regional Occupational Centers and Programs (ROCP) have been in existence for more than 40 years. The 72 ROCPs provide high school students age 16 and older and adult students with career and technical education and employability skills so students can (1) enter the workforce with skills and competencies to be successful, (2) pursue advanced training in postsecondary educational institutions, or (3) upgrade existing skills and knowledge. AB 2448 (Hancock, 2006) sponsored by the California Department of Education called for a major shift in the targeted student population for ROCPs from adults to high school students. The legislation called for a reduction of the adult population to no more than to 10 percent of each ROCP's total enrollment.

Approximately 470,000 students enroll in ROCPs each year. Students receive training at a variety of venues from regular classrooms on high school campuses to actual businesses and industry facilities such as automotive dealerships and hospitals. Most ROCPs offer courses during the regular school day throughout the school year, in the late afternoon and evening, and sometimes during the summer months. In the 2012–2013 school year, 52,330 students were enrolled in the Health Science and Medical Technology sector.

ROCPs fall under one of three distinct organizational structures: (1) school districts participating in a county office of education-operated ROCP, (2) school districts participating under a joint powers agreement, or (3) a single school district (California Department of Education).

Funding and Administration: Funding for ROCPs is from Carl D. Perkins and Proposition 98 through the annual Budget Act, administered by the California Department of Education.

Participation of Students with Disabilities: Data from 2012 indicate that students with disabilities represent 3.4 percent of county or regional ROCP enrollment, a rate not commensurate with overall K–12 enrollment, which was 11 percent for the 2012 school year. The cohort graduation rate for students with disabilities (32.6 percent) enrolled in county or regional ROCP programs was higher than non-disabled students (28 percent).

However, staff from the California Department of Education indicated that many students do not enter ROCP programs until the 11th grade making the four-year cohort

formula difficult to calculate, so they use the 12th grade concentrator's graduation rate. Concentrators are students who have completed 50 percent of a planned program sequence (in hours or credits) in a state-recognized CTE sequence and are enrolled in the next course in that sequence, or have completed 50 percent of a single state-recognized multi-hour course and are enrolled in the second half of that course. Using that formula, the 2012 graduation rate for all 12th grade ROCP concentrators is 74 percent and the graduation rate for 12th grade concentrators with disabilities is 84 percent.

Health Careers in Career Technical Education

Office of Statewide Health Planning and Development (OSHPD), Health Care Workforce Development Division (HWDD), Health Careers Training Program (HCTP)

Description: The Office of Statewide Health Planning and Development (OSHPD) was created in 1978 to provide the state with an enhanced understanding of the structure and function of its health care delivery systems. Since that time, OSHPD's role has expanded to include direct delivery of various services designed to promote health care accessibility within California. OSHPD is the leader in collecting data and disseminating information about California's health care infrastructure, promoting an equitably distributed health care workforce and publishing valuable information about health care outcomes (Office of Statewide Health Planning and Development).

In 2013, the Office of Federal Contract Compliance Programs issued new regulations for Section 503 of the Rehabilitation Act to improve employment opportunities for workers with disabilities through a 7 percent utilization goal for federal contractors. Currently, the number of health care providers with disabilities in California is 3.7 percent. To help comply with the new regulations and to help fill future health care workforce openings, the Health Careers Training Program (HCTP) component of OSHPD and the California Committee on Employment of Person with Disabilities (CCEPD) are collaborating to support and encourage youth with disabilities to become health care providers.

HCTP offers a variety of health workforce programs in the following areas: Career Awareness; Training and Placement; Financial Incentives; System Redesign; and Research and Policy. Programs targeted to increasing health career awareness and pathways programs in secondary settings include:

Career Awareness Health Careers Training Program

Increases awareness of health careers via the newsletter highlighting career pathways and the HCTP resources page exploring health careers, educational opportunities, scholarship and loan repayments, and job placement resources. The newsletter is distributed electronically to approximately 15,000 students, parents, teachers, and guidance counselors annually.

Mini-Grants

Provides grants to organizations supporting under-represented and economically disadvantaged students' pursuit of careers in health care. Since 2005, nearly $1 million has been awarded to support health career exploration, conferences, and workshops serving nearly 28,000 students statewide (Namisnik & McCray, 2013).

The Health Careers Training Program (HCTP) has an extensive statewide plan to increase and support health care workforce development in California, which begins in secondary outreach, education, and pathway programs. In recent discussions between HCTP and CCEPD staff, staff across agencies discovered there is little data to document the efforts of mini-grant recipients to conduct outreach and recruitment with students with disabilities. HCTP included language in their most recent Request for Applications (RFA) identifying students with disabilities as a target population and also have required that all current grantees collect data on the participation of students with disabilities in the hope that including the requirement to collect participation data may be a first step in raising awareness. In turn, CCEPD has made a commitment to support HCTP's efforts with technical assistance and other resources.

California Health Professions Consortium

Description: The California Health Professions Consortium (CHPC) is a statewide consortium, under the direction of the University of California, San Francisco (UCSF) and Fresno Latino Center for Medical Education and Research; clinical faculty from the UCSF School of Medicine, Department of Family & Community Medicine; and the University of California, Berkeley School of Public Health. The consortium is comprised of organizations and individuals with a vested interest in increasing diversity in California's health workforce. The members of CHPC represent various sectors, including direct service providers (hospitals, health plans, physicians, nurses), policy and advocacy organizations, academic institutions (including representation from the California Community College, California State University, and University of California systems, as well as private institutions), health pipeline programs, and other entities.

According to the CHPC website, "The CHPC is an alliance of organizations committed to increasing the diversity in the health professions by supporting health career pipeline

programs and academies at all academic levels." CHPC lists 85 high school health career pipeline programs with a range of program offerings from summer camps to integrated high school programs (academic and career-focused) to internships. Most of the pipeline programs have an intended audience of students "interested in health care professions" and many target economically disadvantaged or under represented groups; however, none of the programs indicated a "target population" of students with disabilities (California Health Professions Consortium).

The CHPC invited staff from the California Committee on Employment for People with Disabilities to make a presentation at their annual conference; however, neither the CHPC Steering Committee nor the CHPC Policy and Advocacy Committee list agencies that represent persons with disabilities. A more active role in the CHPC by groups that advocate for persons with disabilities may increase awareness that persons with disabilities are an under-represented group in the health professions.

Health Careers Resource Consortium

Description: The Health Careers Resource Consortium (HCRC) is supported by the California Department of Education in partnership with the Kern Resource Center and serves as a statewide resource center designed to support teachers and students in health careers education. The HCRC offers technical assistance, professional development opportunities, resource documents, career path marketing materials, and summer Educator Internship Institutes. Resources for educators, students, and health care industry partners are available through the Health Careers Resource Consortium Web site.

The HCRC offers a guide, *Preparing Students with Disabilities for Careers in Health Careers* (2001) that contains strategies to assist non-special health career education teachers who have students with disabilities in their classroom. The guide offers a description of disabling conditions, a background on the individualized education program and process, and general strategies for inclusion. Detailed descriptions of each disabling condition and how to support students are presented as well as information about the intake process. Sample employment opportunities and job descriptions for dental, nursing, hospital, and medical office jobs are provided, along with job analysis sheets to help students evaluate the suitability of jobs to their particular abilities. The guide may have to be updated to align with current health career occupations, CTE health standards, and current disability practice and research, but it does offer useful information and support.

California Department of Education, Career Technical Education Leadership, and Instructional Support Office Career and College Transition Division

Description: The California Department of Education in coordination with the Chancellor's Office of the California Community Colleges offered new grants for health careers education. The Health Science Capacity Building Project, authorized by the Governor's Career Technical Education budget provides funds for new or existing health science pathway programs to attend the Health Science Educators' Institute, and the development or enhancement of up to five health science pathway components. The primary purpose of the Health Science Capacity Building Project is to assist schools in building quality programs statewide.

The goal of the health careers education program is to establish a rich, rigorous, integrated health careers path, kindergarten through employment, to serve students from every school in California. Establishing quality integrated programs that are accessible to all students will enable them to fulfill their individual career goals and will help meet the health care industry's human resource demands.

Stakeholder Input: Challenges Students with Disabilities Face Accessing CTE Programs

It has been noted that standards-based educational programs and career technical education programs have often operated as separate silos (Meeder & Suddreth, 2012); the same could be said of special education programs. A white paper developed for the Michigan Department of Education, *Bridging the Special Education – Career and Technical Education Divide: Planning for Success of Special Education Students* found that:

> Even with the positive effect CTE programs can have on students with a disability, disconnect still exists between the two educational fields. General education teachers, including CTE instructors, often are not taught effective ways to assist students with disabilities and may not be fully aware of a student's needs and how best to accommodate those needs. Conversely, special education teachers often may not understand the context and requirements of the CTE program for which a student is recommended, leading to an unrealistic expectation of the possibility for success within the field (Michigan Department of Education, Office of Career and Technical Education, 2009).

Input from stakeholders seemed to confirm the silo theory as many responders said that there was a lack of awareness about each other's programs and a lack of common planning and program coordination. At least one responder described a situation where two programs with the same goal, to create career pathways for students, came into conflict with each other. A Transition Partnership Program (TPP), which is a

collaborative program between the Department of Rehabilitation and the Department of Education to improve employment training and placement for students with disabilities, had a long-standing relationship with an industry sector partner for student work experience. When Linked Learning began, the industry partner signed on with Linked Learning and discontinued taking students from the Transition Partnership Program.

To further explore the barriers and challenges that students face in preparing for and accessing careers in health care, CCEPD conducted two major stakeholder-input efforts in 2013. First, input from the 2013 Youth Leadership Forum revealed that students feel they are not adequately prepared to meet the requirements for postsecondary education or employment in general and in the health care industry in particular. Graduation data from 2012 substantiate the student's perceptions.

The graduation rate is a commonly cited predictor of postsecondary education and employment. Although students with disabilities are allowed an exemption from passing the High School Exit Exam if it has been taken at least once in the 10th grade and all other graduation requirements are met, the graduation rate for students with disabilities still lags behind their non-disabled peers. The overall graduation rate for the 2011–12 school year was 79 percent, yet the graduation rate for students with disabilities was 61 percent. In fact, students with disabilities had the lowest graduation rate of all subgroups: English language learners (62 percent), socioeconomically disadvantaged (73 percent), and migrant students (75 percent) (California Department of Education, 2012).

Second, CCEPD conducted a survey of service providers to determine the challenges they face securing training and employment in the health care sector for people with disabilities. The service providers indicated that the challenges range from a lack of adequate preparation for employment, which includes education, training and work experience, to employer bias and lack of incentives to hire people with disabilities.

Another survey was conducted of teachers and administrators from two educational programs, special education, and health career technical education, to determine challenges as well as successful practices. Thirty-five respondents, who were evenly distributed between the CTE and the special education field, answered questions about the participation of students with disabilities in CTE in general and health CTE programs in particular; what challenges students faced; what challenges staff faced; what programs were successful; and what policy recommendations should be made, if any. Most respondents said that no data were collected on the participation of students with disabilities in CTE programs. Special education administrators and staff indicated that data are collected on the number of students who participate in the special education WorkAbility Program, but not in general CTE-type programs.

More than half of the respondents from both education programs indicated that the greatest challenge for students with disabilities accessing CTE programs was the academic rigor of the programs. Likewise, more than half of the respondents from both groups said that academic challenge prevented course completion.

Special education staff indicated that the low participation rate of students with disabilities in CTE programs was due to scheduling difficulties. There is not enough time in the school day for academic classes, remedial classes, and CTE classes. Special education staff also believed that CTE courses did not offer enough accommodations or modifications to help students with disabilities attain success. Some indicated that breaking the course into more than one semester would make it more accessible.

Many CTE health teachers said that students with disabilities are welcomed into their classes but that many do not apply; some suggested that more outreach needs to occur. Of the students with disabilities who do apply, the teachers would like more professional development on how to provide accommodations and modifications so that students can be successful. In fact, professional development in working with students with disabilities was listed as the number one need by CTE teachers. Several also noted that they would like more support from special education.

When asked what made CTE programs successful for the students with disabilities who did enroll, most respondents said it is the hands-on nature of the class and the relevancy to real world work. When asked what policy recommendations would help increase the participation and completion rates of students with disabilities in CTE programs, respondents indicated:

Increased enrollment through expanded outreach;
Professional development for CTE teachers about including students with disabilities;
Professional development for special education staff on the requirements of CTE so they can support students in CTE programs;
Required data collection to determine participation and completion rates for students with disabilities.

Summary and Recommendations

It is difficult to determine if students with disabilities are participating in the array of career technical education programs that are available at a rate commensurate with their non-disabled peers. For some programs, students with disabilities are included in

the definition of students with special needs that includes students who are disadvantaged, at-risk, underserved, economically disadvantaged, under-represented, special populations, and special education, making it impossible to know which students have disabilities and which do not. For some programs, the statutes governing the particular program do not require collection of the participation rate of students with disabilities, so the data are not available.

Students with disabilities comprise approximately 11 percent of California's K-12 student population and should represent a similar rate of participation in career technical programs (California Department of Education, 2012). Of the two programs that collect participation and completion rates for students with disabilities, only one had evidence of a participation rate for students with disabilities commensurate with their overall enrollment: the career technical education (CTE) programs. The other program required to collect and report on the participation and completion rates for students with disabilities, the regional and county ROCP programs, had a participation rate substantially lower than overall enrollment rates.

A major data collection policy recommendation emerges from this finding:

> To determine if students with disabilities are accessing and completing career technical education programs at a rate commensurate with their non-disabled peers, a policy recommendation is needed that requires the collection and reporting of data on the number of students with disabilities who enroll in and complete all career technical programs in general and health care programs in particular. This would inform all stakeholders and provide a baseline for further evaluation and recommendation.

> To require the collection of data on students with disabilities, amendment language is needed to Assembly Bill 86, Chapter 48, Statutes of 2013 that created the Career Pathways Trust; and Assembly Bill 790, Chapter 616, Statutes of 2011 that created the Linked Learning Pilot Programs. Both programs are administered by the California Department of Education who would provide technical assistance and oversight of the amendments, if passed. The amendment could include, but not be limited to, the following sample language:

> *The participation of high school students in career pathway programs has proven to be an effective method to reduce high school drop out and increase graduation rates for all students, but research demonstrates that it is particularly effective with the lowest performing group of students – students with disabilities. However, students with disabilities are not participating in the career pathway initiatives at a rate commensurate with their overall K-12 enrollment, which was*

11 percent for the 2012 school year. Therefore, this amendment requires the collection and reporting of the number of students with disabilities that participate in career pathway programs with the goal of increasing enrollment of students with disabilities in career pathway programs until their participation rate reaches parity with their overall K-12 enrollment.

- Furthermore, as California expands career technical education and pathway options, a concerted outreach effort to students with disabilities needs to occur so that they can have access to the rich array of programs that are available.

Additional recommendations related to professional development in order to provide students with disabilities access and success in career pathway programs:

If the goal is to increase the participation and completion rates of students with disabilities in CTE programs in general, and health care programs in particular, CTE teachers indicated that they will need professional development about effective practices in including students with disabilities, and ongoing support from special education if needed.

Therefore, A policy recommendation to provide professional development for CTE teachers about inclusive practices, including accommodations and modifications, would increase the likelihood that students with disabilities will successfully complete CTE programs.

Specifically, as the Department of Education develops and offers professional development on the alignment of Career Technical Education and Common Core State Standards, specific professional development modules on Universal Design for Learning (UDL)[38] and Multi-tiered Systems of Support (MTSS)[39] should be offered to

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[38] Universal Design for Learning (UDL) is a scientifically valid framework for guiding educational practice that provides flexibility in the ways information is presented, in the ways students respond or demonstrate knowledge and skills, and in the ways students are engaged. UDL reduces barriers in instruction, provides appropriate accommodations, supports, and challenges, and maintains high achievement expectations for all students, including students with disabilities and students who are limited English proficient (National Center on Universal Design for Learning, retrieved May 2014 from http://www.udlcenter.org/aboutudl/udldefined.

[39] Multi-tiered Systems of Support integrates multiple services and resources for a variety of student needs, such as socio-economically disadvantaged students, English learners, students with disabilities, and gifted students. The essential elements and foundation of MTSS is supporting all students through high-quality and universally designed general education instruction at Tier 1 and more-intensive interventions at Tiers II and III, including universal screening, progress monitoring, flexible mobility between tiers, problem-solving teams, and parent input. Building one system that integrates all resources to offer students coordinated, timely, and effective support in all content areas, as well as addressing

CTE teachers to ensure access and support for all students, but particularly students with disabilities.

As California transitions to Common Core State Standards and aligned career technical education standards, all teachers will need intensive, sustained professional development to understand the connection between school and careers or academics and career-focused education. Given the low graduation rate for students with disabilities, particular attention should be given to teachers who serve students with disabilities about accommodating the needs of diverse learners when implementing the Common Core standards.

Therefore, a policy recommendation for ongoing and sustained professional development on implementing Common Core standards with students with disabilities would increase graduation rates and prepare them for future education and employment.

Specifically, as the Department of Education develops and offers professional development on implementation of the Common Core State Standards, specific professional development modules on Universal Design for Learning (UDL) and Multi-tiered Systems of Support (MTSS) should be offered to all K-12 teachers to ensure access and support for all students, but particularly students with disabilities Research indicates that when students with disabilities participate in vocational or career-focused educational programs during high school, their post-school outcomes in postsecondary education and employment improve (Test, Fowler, & Kohler, 2012). The Office of Special Education Programs (OSEP) requires that states collect and report on four important metrics related to improving post-school outcomes for students with disabilities: graduation, dropout, the adequacy of transition (from school to adulthood) language in the individualized education program, and post-school outcomes. Furthermore, through its technical assistance centers, OSEP is promoting dissemination of evidence-based predictors that improve post-school outcomes that include, among other practices, participation in career-related programs and courses of study.

Therefore, a policy recommendation for increased technical assistance and professional development for schools and districts in the area of evidence-based predictors that improve post-school outcomes for students with disabilities, and data collection on implementation, would promote effective practices and provide districts with a tool to measure implementation and improvement.

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behavioral needs, MTSS is a framework of tiered instruction instruction that will be essential for successful implementation of the Common Core State Standards (Torlakson, 2013)

Specifically, the Department of Education should participate in the US Department of Education, Office of Special Education Programs sponsored, State Toolkit for Examining Post-School Success (STEPSS). By offering voluntary participation by school districts in the STEPSS, the department would promote technical assistance and professional development on the in-school predictors of post school success as identified by the National Secondary Transition and National Post-School Outcomes Technical Assistance Centers and offer a mechanism to measure implementation.

References

Association of Career and Technical Education. *History of CTE*. Retrieved May 7, 2014 from the Association of Career and Technical Education Web site: http://www.acteonline.org/general.aspx?id=810 - .U3OZRRzP_ls

California Committee on Employment of People with Disabilities. (2013, December). Presentation at the December 12, 2013 meeting in Sacramento, CA.

California Department of Education. *California Careers Pathways Trust*. Retrieved May 5, 2014 from the California Department of Education, Careers Pathways Trust Web site: http://www.cde.ca.gov/ci/ct/gi/ccptinfo.asp

California Department of Education. (2013). *California Health Science Capacity Building Project Request for Applications for Funding Project Year 2013–14*. Retrieved May 5, 2014 from the California Department of Education Web site: http://www.cde.ca.gov/fg/fo/r17/hscbp13rfa.asp

California Department of Education. (2013). *General Assurances*. Retrieved May 2014 from the California Department of Education Web site: http://www.cde.ca.gov/fg/fo/fm/generalassur2012.asp

California Department of Education. (2012). *4-Year Adjusted Cohort Outcome Data Processing,* Retrieved May 5, 2014 from the California Department of Education, Data Quest Web site (Select Level: State. Select Subject: Graduates then Submit. Select 2012-13 then submit. Select a Report: Cohort Outcome Summary Report by Race/Ethnicity then submit. On bottom of page, click on hyperlink "Definitions used in producing cohort outcome data. (DOC)" and download pdf): http://dq.cde.ca.gov/dataquest/

California Department of Education. (2012). *Enrollment*. Retrieved May 5, 2014 from the California Department of Education, Data Quest Web site (Select Level: State. Select Subject: Enrollment): http://dq.cde.ca.gov/dataquest/

California Department of Education. (2012). *Graduation*. Retrieved May 5, 2014 from the California Department of Education, Data Quest Web site (Select Level: State. Select Subject: Graduation): http://dq.cde.ca.gov/dataquest/

California Health Professions Consortium. Retrieved May 5, 2014 from the California Health Professions Consortium Web site: http://www.calhpc.org/

Division of Career Development and Transition, Council for Exceptional Children and

the National Transition Technical Assistance Center. (2013). *Improving Post-School Employment Outcomes: Evidenced-Based Secondary Transition Predictors.* Retrieved May 5, 2014 from the National Transition Technical Assistance Center Web site: http://www.nsttac.org/sites/default/files/assets/pdf/NSTTAC-DCDT_Fact_Sheets/FactSheetEmployment081909.pdf

Economic and Workforce Development. (2013). *Doing What Matters: Sector Profile: Healthcare.* Retrieved May 4, 2014 from the COECCC Web site: http://www.coeccc.net/documents/dwm_sector_healthcare_13.pdf

Governor's Office of Business and Economic Development, Go-Biz. *California Economy by the Numbers.* Retrieved May 4, 2014 from the Go-Biz Web site: http://www.business.ca.gov/WhyCA/CaliforniaEconomybytheNumbers.aspx

Harvey, M. (2001). "The Efficacy of Vocational Education for Students with Disabilities Concerning Post-School Employment Outcomes: A Review of the Literature." *Journal of Industrial Teacher Education*, v38.

Health Careers Resource Consortium. (2001). *Preparing Students with Disabilities for Careers in Health Careers.* Retrieved May 8, 2014 from the Health Careers Resource Consortium Web site: http://www.californiaeducatorsnetwork.com/hscb-grant-forms/resources/special-populations/

Meeder, H., Suddreth, T., Association for Career and Technical Education, & National Association of State Directors of Career Technical Education Consortium. (2012). *Common Core State Standards & Career and Technical Education: Bridging the Divide*. Washington, DC: Achieve, Inc.

Michigan Department of Education, Office of Career and Technical Education. (2009). *Bridging the Special Education – Career and Technical Education Divide: Planning for Success of Special Education Students*. Retrieved May 4, 2014 from the Michigan Department of Education Web site: http://www.michigan.gov/documents/mde/Spec_Ed_CTE_White_Paper_299055_7.pdf

Namisnik, W. and McCray, L. (2013). *From Patient to Practitioner: Employment of Youth with Disabilities in Healthcare.* Presentation at Youth Leadership Forum, Sacramento, CA.

National Center on Universal Design for Learning. *How has UDL been defined?* Retrieved May 2014 from the National Center on Universal Design for Learning website: http://www.udlcenter.org/aboutudl/udldefined

National Post-School Outcomes Center. (2013). *State Toolkit for Examining Post School Success*. Retrieved May 12, 2014 from the National Post-School Outcomes Center Web site: http://www.psocenter.org/

National Secondary Transition Technical Assistance Center, and the Division of Career Development and Transition, Council for Exceptional Children (2013). *Improving post-school employment outcomes: Evidenced-based secondary transition predicators*. Retrieved May 8, 2014 at the National Secondary Transition Technical Assistance Center Web site: http://www.nsttac.org/sites/default/files/assets/pdf/NSTTAC-DCDT_Fact_Sheets/FactSheetEmployment081909.pdf

Newman, L., Wagner, M., Knokey, A.-M., Marder, C., Nagle, K., Shaver, D., & Wei, X., with Cameto, R., Contreras, E., Ferguson, K., Greene, S., & Schwarting, M. (2011). *The Post-High School Outcomes of Young Adults With Disabilities up to 8 Years After High School. A Report From the National Longitudinal Transition Study-2 (NLTS2)* (NCSER 2011-3005). Menlo Park, CA: SRI International.

Office of Statewide Health Planning and Development (OSHPD), *About OSHPD*. Retrieved May 8, 2014 at the Office of Statewide Health Planning and Development Web site: http://www.oshpd.ca.gov/AboutUs.html

Stern, D. (2010). *From Vocational Education to Career-Technical Education: A Capsule History and Summary of Research: Merging Career Tech & College Prep*. Retrieved May 8, 2014 from the Edutopia Web site: http://www.edutopia.org/stw-career-technical-education-research-roundup

Stern, D., Raby, M., & Dayton, C. (2010). *Career Academies: A Proven Strategy to Prepare High School Students for College and Careers*. College & Career Academy Support Network, UC Berkeley, CA. Retrieved May 4, 2014 from the College & Career Academy Support Network Web site: http://casn.berkeley.edu/resources.php?r=158

Test, D., Fowler. C., & Kohler. P. (2012). *Evidence-Based Practices and Predictors in Secondary Transition: What We Know and What We Still Need to Know*. National Secondary Transition Technical Assistance Center. Retrieved May 10, 2014 from the National Secondary Transition Technical Assistance Center Web site: http://disability-transitions.leeds.ac.uk/files/2014/03/Evidence-Based-Practices-and-Predictors-in-Secondary-Transition.pdf

Test, D., Mazzotti, V. L., Mustian, A. L., Fowler, C. H., Kortering, L. J., & Kohler, P. H. (2009). "Evidence-Based Secondary Transition Predictors for Improving Post-School Outcomes for Students With Disabilities." *Career Development for Exceptional Individuals*, 32, 160–181.

Torlakson, T. (2013). Memorandum to California State Board of Education. *Information on the Multi-Tiered System of Supports: A Comprehensive Framework for Implementing the Common Core State Standards*. California Department of Education, Sacramento, CA.

Wagner, M. (1991). *The Benefit of Secondary Vocational Education for Young People With Disabilities: Findings From the National Longitudinal Transition Study of Special Education Students* (Report No. EC 300 485). Menlo Park, CA: SRI International, Contract 300-87-0054.

Appendix B: Nursing Technical Standards White Paper

White Paper on Inclusion of Students with Disabilities in Nursing Educational Programs for the California Committee on Employment of People with Disabilities (CCEPD)

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White Paper on Inclusion of Students with Disabilities in Nursing Education Programs and Technical Standards for the California Committee on Employment of People with Disabilities (CCEPD)

White Paper on Inclusion of Students with Disabilities in Nursing Education Programs and Technical Standards for the California Committee on Employment of People with Disabilities (CCEPD)

Abstract

Nurses are challenged to fill the new and expanded roles for a health care system designed to improve the quality of health care. Despite the unique perspective and set of skills that students and health professionals with disabilities to address many of these challenges, many people with disabilities have been effectively excluded the nursing profession. The purposes of this white paper are to (1) frame the issues that prevent applicants with disabilities from entering nursing education and (2) propose the changes necessary to engage the potential of persons with disabilities to enhance nursing leadership and innovation necessary to transform healthcare. Major barriers include the following: 1) outmoded admission standards that deter applicants with disabilities; 2) misconceptions about the capacity of students with disabilities to function effectively in the clinical components of nursing education; and, 3) lack of a comprehensive understanding of issues related to patient safety. This paper begins with an historical overview of the journey toward the acceptance of nurses with disabilities, including civil rights legislation, judicial rulings with reference to specific landmark cases, and the development of current technical and educational standards. The paper also presents a new model of technical standards inclusive of all students with and without disabilities is provided, along with recommendations that support students with disabilities in admission, matriculation and graduation from nursing programs.

Students with Disabilities in Nursing Education

A central theme of the 2011 Institute of Medicine (IOM) report titled *The Future of Nursing: Leading Change, Advancing Health* [1] is the mandate within the Health Care Workforce of the Patient Protection and Affordable Care Act (P.L. 111-148) to redesign the health care system capable of meeting the needs of 32 million people who now have health insurance. Nurses are challenged to fill the "new and expanded roles" needed for a health care system that aims to improve the quality of health care. With the broad continuum of nursing practice ranging from health promotion, disease prevention, coordination of care, cure, and palliative care, the nursing profession is well matched to meet the needs of the American population. However, according to the IOM Report [1] the nursing profession is challenged to improve education and training through the following:

1) Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020 so that more nurses achieve higher levels of education and training early in their career to meet demands of an evolving health care system and meet the changing needs of patients.
2) Develop innovative competencies for practicing nurses and transform nursing curricula to engage nurses at all levels—from students to front-line nurses to nursing executives and researchers—to assume leadership roles within an interprofessional health care workforce.
3) Expand the diversity of students, faculty, the workforce, and the cadre of researchers to create a workforce prepared to meet the demands of a culturally diverse population across the lifespan—…"with respect to race and ethnicity (just 16.8 percent of the workforce is nonwhite), gender (approximately 7 percent of employed nurses are male), or age (the median age of nurses is 46, compared to 38 in 1988)—to provide culturally relevant care to all populations… [1]" Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.

A limitation of the 2011 IOM report is the lack of inclusion of people with disabilities as under-represented health care professionals who bring a unique set of skills that can transform education, practice, and research. The Affordable Care Act provides a platform increasing the supply of qualified health care workforce in providing care for the 56.7 million Americans or 1 in 5 people (19 percent of the population) who have a disability [2]. Several titles within the act address potential reforms in the areas related to the health care workforce and the provision of care for people with disabilities. For example, in Title V of the Affordable Care Act two subtitles address the need for improved cultural competency training among health professionals to provide health care for people with disabilities – Subtitle D—Enhancing Health Care Workforce Education and Training (Sec. 5307. Cultural competency, prevention, and public health

and individuals with disabilities training) and Subtitle E—Supporting the Existing Health Care Workforce (Sec. 5402. Health care professionals training for diversity). By increasing the numbers of health care providers with disabilities, we can enhance the potential for creating innovative health care services across the lifespan. For example, a nurse who practices with one hand is in a great position to teach a patient who has either lost a hand or has loss function of a hand how to care for himself with one hand.

Students and health professionals with disabilities bring a unique perspective and set of skills with renewed potential to engage the nursing profession in the leading change in healthcare. Nurses with disabilities have the capacity to enhance the delivery of culturally relevant and competent care to all patients. Just as racial and ethnic diversity is linked with quality of health care [3], health care professionals with disabilities have the same potential to improve health care quality. The experience of living with disability often resonates with patients and families, which enhances communication and linguistic congruency. This concordance results in greater patient involvement in care, higher levels of patient satisfaction, engagement in more preventive care, and better health outcomes [4-8]. Florence Nightingale, often considered the mother of modern nursing, was noted as having a disability and frequently confined to her bed for years [9].

The purpose of this report is to frame the issues related to barriers for applicants and students with disabilities who desire enter or wish to enter nursing education. Major barriers include existing technical standards for admission and the conceptions and misconceptions related to the capacity of students with disabilities for the practice components of their education. An historical overview on issues related to legislation, judicial decisions, and the exclusionary technical standards used in many institutions is presented. Last, a new model of technical standards inclusive of students – with and without disabilities –is provided, along with recommendations to support students with disabilities in all phases of their nursing education journey - admission, matriculation and graduation.

Traditional nursing competencies such as care management and coordination, patient education, public health intervention, and transitional care are likely to dominate in a reformed health care system as it inevitably moves toward an emphasis on prevention and management rather than acute care (O'Neil, 2009). Nurses have also begun developing new competencies for the future to help bridge the gap between coverage and access, to coordinate increasingly complex care for a wide range of patients, to fulfill their potential as primary care providers to the full extent of their education and training, to implement system-wide changes that take into account the growing body of evidence linking nursing practice to fundamental improvements in the safety and quality of care, and to capture the full economic value of their contributions across practice settings.

Social and Legal Changes: Invigorating Expectations

A formal dialogue regarding the role of nurses and nursing students with disabilities in advancing the diversity of the nursing workforce began in 2003 at the *Rush University College of Nursing Symposium on Nursing Students with Disabilities* held in Chicago, Illinois. Two important milestones occurred at this symposium: (1) the value of persons with disabilities in the nursing profession was finally examined in a public, expert forum and (2) the National Organization of Nurses with Disabilities (www.NOND.org) was formed.

Regrettably, however, the enrollment of students with disabilities into nursing education programs during the last decade has remained largely unchanged and the educational and employment gap for people with disabilities in nursing persists [2]. The barriers faced by people with disabilities entering the nursing profession continue – the most significant barrier is the medical model view of disability that is engrained in nursing education and training. In this pervasive view, students with disabilities intrinsically lack the capacity to be successful in nursing education of because of their perceived "impairments" and nursing faculty often believe that they are a potential liability in nursing practice. To open the doors to the nursing profession for persons with disabilities, a fundamental shift from this medical perspective of disability, as a personal characteristic disqualifying a disabled person as deficient or abnormal, to a social perspective of disability that views disability as a difference residing in the inhibiting qualities of the environment [10].

Landmark laws. The passage of **section 504 of the Rehabilitation Act of 1973** guaranteed access for people with disabilities to all federally-financed institutions, schools, hospitals, transportation systems, and federally-run programs and created an era of new expectations for people with disabilities. It had particular relevance to higher education as most institutions of higher education receive federal funding. Section 504 was the first law requiring institutions that receive federal funds not exclude from their programs individuals with a disability who otherwise qualify.

The passage of the **Americans with Disabilities Act (ADA) in 1990** was a landmark civil rights legislation for people with disabilities. Congress noted that people with disabilities are a unique minority and extended the intent and protections of Section 504 with a sweeping mandate to end discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications. The passage of the ADA [11] changed the landscape of American society through increased architectural, transportation, and communication access for people with disabilities and greater accommodations for students and workers [12]. In education, Section 504 and the ADA essentially required colleges and schools to provide reasonable accommodations to students with disabilities. While the ADA was a symbolic victory for transitioning from a medical definition of disability to a social construction of disability, public

representations of disability and federal courts' treatment of disability created another story [13]. A series of decisions made by the United States Supreme Court; and, the lower courts narrowed ADA's scope of protection [14-16]. Specific cases had the effect of restricting the entrance of people with disabilities into the nursing profession.

The **Americans with Disabilities Act Amendments Act (ADAAA) of 2008** [17] signed into law (S.3406) by President George W. Bush on September 25, 2008 rekindled the spirit of the ADA of 1990 and provided an impetus to address the attitudinal issues that continued to impede people with disabilities from achieving the vision of the ADA of 1990: a *bright new era of equality, independence and freedom*. Specifically, the bipartisan effort aimed to reverse several controversial Supreme Court decisions that limited the original intent of the ADA. Effective January 1, 2009, the ADAAA bolstered and extended the original ADA civil rights legislation [18]. The ADAAA was passed to carry out the ADA's original objectives as a national mandate for the elimination of discrimination by "*reinstating a broad scope of protection to be available under the ADA.*" This scope of protection was the intended spirit of the ADA [19], which followed the broad scope of the Rehabilitation Act of 1973/Section 504. The ADA Amendments Act of 2008 (ADAAA) [18], also made significant changes to the ADA's definition of "disability" that broadens the scope of coverage under the previous acts. With the ADAAA, the burden has shifted from determining if an individual has a disability to proving that efforts were made for accommodation. This is a key point of emphasis for higher education: the Office of Civil Rights will not have a problem the with providing accommodations, in contrast, *not* accommodating students properly or refusing to accommodate students will be problematic [19]. Prudent regulators, educators, and employers might assume that most individuals requesting accommodation, under the ADAAA will be deemed "disabled." Attending to the interactive process can potentially minimize exposure to failure to accommodate claims, and compensatory and punitive damages [20]. Operationalizing the intent of the ADAAA and protections of the ADA can create a new fabric as to what constitutes the knowledge, skills, and abilities to practice nursing and consider how nurses with disabilities will expand the concept of safe nursing practice.

The most recent landmark day for people with disabilities is March 24, 2014, as the revised Section 503 Office of **Federal Contract Compliance Programs (OFCCP) 7% rule** became effective. The OFCCP now requires employers with federal contract to take affirmative action to recruit, hire, promote, and retain individuals with disabilities. For the first time, a single, national utilization goal for individuals with disabilities is now mandated for federal contractors and subcontractors to set a goal of having 7% of their employees be qualified individuals with disabilities in each job group of the contractors' workforce. Healthcare institutions with federal contracts must now demonstrate that their nursing workforce include at least 7% individuals with disabilities.

In education, the ADAAA and the OFCCP regulations afford an opportunity to rethink the environmental factors, including physical characteristics built into the environment, cultural attitudes and social behaviors, as well as the institutionalized regulations, policies, procedures, and practices of public organizations and private entities that inhibit individuals with disabilities from entering and remaining in the nursing profession. We can now direct our activities away from questioning ***whether people with disabilities have a place in the nursing profession*** to actively developing strategies that will ***facilitate the presence of people with disabilities in nursing education and practice [21].*** The ADAAA also shifts the focus for educators, regulators, and employers away from ***determining*** <u>***whether***</u> ***a student nurse or a practicing nurse has a disability*** <u>***to***</u> ***making accommodations and ensuring equal educational and employment opportunities*** [3].

Employment Gaps: Expanding Opportunities

The new OFCCP regulations support the movement of civil rights for people with disabilities into the mainstream of public policy and fundamentally alter the way in which Americans perceive disability. Nevertheless, the labor force participation of people with disabilities is 21 percent compared to 69 percent of their non-disabled peers without disabilities. Additionally, while most of the jobs in health care are covered by the ADA, participation of people with disabilities in health care careers remains a challenge across all health care professions. Similar to other under-represented minorities, the systematic collection of national data relating to the participation of people with disabilities in health care careers will provide the necessary data to increase employment of health care professionals with disabilities.

California healthcare workforce. In California, people with disabilities currently represent only 3 percent of the healthcare workforce [22]. The expansion of the healthcare workforce as a result of health care reform provides a unique opportunity to address the long-standing unemployment of people with disabilities in the state. Jobs in California's health services sector are slated to grow 27 percent by 2020 to accommodate the over five million additional Californians covered by health insurance [23]. A large percentage of this population will be people with disabilities due to Affordable Care Act and Coordinated Care Initiative provisions that seek to eliminate or reduce significant healthcare coverage barriers frequently faced by people with disabilities. In the provision of culturally-relevant care, this has a direct impact on all patients in California and across the country.

Determining the precise numerical impact is difficult because the California Board of Registered Nursing (BRN) does not collect disability demographic data for the Pre-Licensure Nursing Program Annual School Report or for the Biennial Survey of Registered Nurses (although the BRN intends to collect this data in the future). In 2014, the California Community Colleges Chancellor's Office reported that nursing students requesting a disability accommodation represented only 1.4 percent of the

students that participated in assessment testing as part of the selection process, and only 1.3 percent of the total number of students who passed the testing [24]. Although not all students with disabilities need testing accommodations, this data and results from the **California Committee on Employment of People with Disabilities (**CCEPD) stakeholder input seems to suggest that the population of students with disabilities in California's nursing education programs is not reflective of the population of people with disabilities in the state. California has taken the lead on developing and integrating standards-based academics with a career-relevant, sequenced curriculum following industry-themed pathways. While these standards are aligned to high-need, high-growth, or emerging regional economic sectors, being able to be employed in all potential settings of an occupation is not necessary.

   Healthcare professionals with disabilities in California. The under-representation of people with disabilities in California's health workforce has a negative impact on overall employment. According to data from the 2007–2008 California Survey of People with Disabilities conducted by the UCSF Community Living Policy Center, 97.3 percent of the survey respondents who were unemployed said they were not working because a health care provider told them they could not work [25]. If health professionals routinely worked side-by-side with colleagues who have disabilities, the treatment approaches for their patients would likely differ drastically and the employment potential for people with disabilities would likely be greatly enhanced.

Nursing Shortage with a Twist: Fixing a Pipeline in Crisis

   The Bureau of Labor Statistics projects a 19 percent growth in employment for registered nurses in the United States from 2012–2022 compared to 11 percent average growth rate for all occupations [26]. This is not unlike the nursing shortages experienced by many countries around the world. A World Health Organization report in 2010 noted 2.4 million nurses are needed in India and the shortages in sub-Saharan Africa, are having profound effects on health care. In California, a nursing shortage of 12,000 is anticipated in 2014 [27].

   Healthcare professionals as obstacles to care. Healthcare professionals may be responsible for obstacles to the employment of people with disabilities. People with disabilities often find that dealing with the reactions people have toward them is more difficult than dealing their disabilities. Many of these reactions are initiated and modeled by health care professionals who have not yet fully understood or embraced a social model of disability [3]. Obstacles range from inaccessible offices and unyielding equipment to negative attitudes (often treated as a "diagnosis" rather than as a person). Because nurses are typically the first health professionals that persons with disabilities or their families encounter, they have a tremendous influence on how people are treated and how disabled people view themselves. The perception of people with disabilities as our patients but not our peers in the health profession must be challenged if culturally congruent care is to be provided [21]. Increasing the number

and proportion of disabled health care providers can only improve health care for people with disabilities. As frontline health care professionals, nurses with disabilities create an opportunity to ensure access to acceptable and accessible health services, which can positively impact how people with disabilities view themselves [21]. Health professionals with disabilities who have incorporated their disability as a part of their identity model *Disability Pride* both for their patients and their colleagues.

Barriers and Supports for Students with Disabilities

A major barrier to the admission, retention, and matriculation of nursing students with disabilities are the technical standards and essential functions [13] that are applied indiscriminately in decisions to admit and retain students in nursing education programs. Related to technical standards are misconceptions related to the capacity of disabled students to accomplish the clinical practice requirements of nursing education.

Technical standards is a term used in education. Many significant regulations and court cases in higher education related to Section 504, ADA and now the ADAAA, involve professional programs that lead to licensing, particularly health professional education [28]. The issue of technical standards is particularly contentious in health professional educational programs that are preparing students to successfully acquire a license to practice. Such programs generally receive particular deference in ADA related cases in regards to the following questions: 1) what the essential requirements of the program; 2) what constitutes a direct threat; and, 3) what would be unduly burdensome [28, 29]?

Essential functions is a term related to employment, not education. Nevertheless, essential functions of a particular nursing role often are used to justify technical standards in nursing education and present a major barrier to nursing students with disabilities – many of whom, prior to the ADA, would have been admitted into nursing school and become licensed nurses. In Section 504, it was noted that for employment, individuals must be able, with accommodations, to meet normal and reasonable essential functions of employment. This language continued in the ADA and the current ADAAA also indicates that "consideration shall be given to the employer's judgment as to what functions of a job are essential" ADAAA Title 42 Chapter 126 Subchapter 1 Employment Section 121111 [18]. Thus while technical standards for education and essential functions for employment are mutually influential, they are not the same. The essential functions of a nurse are not the same, nor should they be, as the technical standards for a nursing student.

Historical Context: Concretizing Technical Standards

A special advisory panel of the Association of American Medical Colleges (AAMC) provided one of the early responses to the 1973 Rehabilitation Act to address technical standards (non-academic requirements listing the skills or experiences a medical

student must have/meet to enter a program) (refer to section on ***Model technical standards for nursing education*** for further discussion on the evolution of technical standards into a new model). Within nursing, the **1979 Southeastern Community College vs. Davis** (Davis case) provided the first case law on implementation of Section 504 in higher education and is still a major case cited today. The Davis case established the permissibility of technical standards in higher education and it set forward the issue of reasonable accommodations in higher education versus accommodations that would involve substantial change to an educational program [28]. The case involved a nursing student (who also was a licensed practical nurse) with a hearing impairment. Her admission to Southeastern Community College was rejected on the basis that the school was unwilling to provide accommodations for the clinical portion of the program. The Supreme Court ruled that the nursing school did not have to admit the student and that Section 504 did not prohibit education institutions from having physical requirements for clinical programs [28]. The impact of the Supreme Court ruling continues to resonate in nursing and allied health programs today.

One impact of the Davis case relates to the enforcement of the 1973 Section 504 of the Rehabilitation Act. Section 504 specified that "no otherwise qualified handicapped individual… shall, solely by reason of his handicap be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance." In the mid-1970s, regulations on the enforcement of Section 504 did not exist. Moreover, few students with disabilities and few attorneys were capable of arguing cases in this area. In particular, they often lacked the understanding of disability from a civil rights perspective. The Davis case, along with the Cherry vs. Matthews 1976, began efforts to set standards defining qualified individuals and address the issue of reasonable accommodations in education. In Cherry vs. Matthews, the United States District Court for the District of Columbia held that Congress had intended regulations to be issued for Section 504. This along with protests by the disability rights community prompted the Department of Health, Education and Welfare to issue regulations in 1978. The regulations state that a "[qualified handicapped person" is someone "who meets the academic and technical standards requisite to admission or participation in the [school's] education program or activity..." 45 CFR § 84.3(k)(3) (1978) [28] and that physical qualifications could be part of the standards.

"What" Versus "How:" Understanding Essential Functions and Technical Standards

Unfortunately, the Davis case also set a precedent that has restricted students with disabilities from being recruited and admitted across all health care professional education programs. With the Davis case, the focus narrowed to the physical aspects of technical standard, failing to take into account the **"what"** versus the specification of the **"how"** and narrowly connecting technical standards to what might be called the

"undifferentiated" graduate, a concept that has had greater application in medical education than nursing education. Reichgott (1998) [30] noted that resistance from medical schools to admitting students is based on the idea that all graduates should be able to enter any field of medical practice. Potential students who might be unable to do this can thus be excluded. As seen in the Davis case, because she was hard of hearing, even though she could lip-read, one of the arguments to reject her case was that she would not be able to work in an operating room because she would not be able to read lips in that setting (of note is that deaf health professionals were instrumental in the development of transparent surgical masks which benefit health care professionals who are deaf or hard of hearing, but will also benefit patients who rely on visual cues for communication or reassurance).

In response to the Davis case, nurse educators have endorsed technical standards and essential functions related to Section 504 and the ADA that reflect a narrow focus on the "how" of nursing rather that the "what." Additionally, many nursing programs have perpetuated the notion that all nursing graduates must be able to be employable in all settings. A major example of this orientation can be found in the National Council of State Boards of Nursing (NCSBN) document entitled *Guidelines for Using the Results of Functional Abilities Studies and Other Resources* [31]. As an early response in the nursing profession to Congress' 1990 adoption of the ADA, this document included *Appendix A: A Validation Study: Functional Abilities Essential for Nursing Practice*, prepared by Yocum in 1996 [31].

Appendix A of the NCSBN *Guidelines* was an employment study to "specify the non-domain specific functional abilities that a nurse must possess in order to provide safe and effective nursing care (Yocom, 2003)." The study addressed sixteen functional ability categories: gross motor skills, fine motor skills, physical endurance, physical strength, mobility, hearing, visual, tactile, smell, reading, arithmetic (counting, measuring, computing), emotional stability, analytical thinking, critical thinking, interpersonal skills, and communication skills (written, oral). A core set of twenty-one attributes in eight of the functional ability categories was identified as being necessary for employment for nurses. The attributes included such things as being able to move in confined spaces, lifting 25 pounds, being able to reach below the waist, seeing objects 20 feet away and hearing faint voices.

A key issue about this study that it is now almost 20 years old is that it was an employment study, not an education study. While the author noted the importance of the role of nursing and their cognitive and problem-solving skills in the study [31], more than half of the functions were not specifically related to the nursing role but were physical attributes related to specific functional skills and the way in which they were executed at the time. Many technological aids to procedures and tasks exist now that did not exist at the time. For example, a medical student at UC Davis with deafness used a clear surgical mask in order to read lips during a surgical rotation. With the

advances in healthcare technology the Davis case would likely have a very different outcome today. The essential functions as defined also excluded alternative "ways of knowing" and "ways of doing" [3] without consideration of how nurses really work in a clinical practice setting. Nurses often trade off tasks based on personal strengths and attributes as a part if a dynamic team, augmenting safe patient care in the workplace.

Technical Standards Today: Conflating Technical Standards and Essential Functions

Yocom (2003) noted in the *Rush University College of Nursing Symposium on Nursing Students with Disabilities* that the NCSBN Validation study was not "the list" that you *have to* possess; rather it is a representative list of skills and abilities that you *may need to* possess [32]. Unfortunately, educators today continue to misconstrue the intent of the study by "stating that if you want to be a nurse, you've got to be able to do all of these things included on the list." According to Yocum, this is not the case [32]. Nevertheless, after the publication of the NCSBN *Guidelines*, the essential functions outlined in Appendix A have become admission requirements for many colleges and schools of nursing across the country and continue to have widespread use. Furthermore, although NCSBN no longer disseminates this document on the internet, a search on the web reveals that many colleges and schools of nursing are using the functional abilities outlined in the 1996 Validation study as their technical standard requirements for admission to their programs. This practice systematically excludes qualified students with disabilities.

An example of the use of Appendix A as technical standards in California, can be seen with one nursing school that currently has the following advisory posted (**Table 1**) on the "entrance requirements" section of their website (and also includes this language as an attachment in their Program Handbook). Even though the "advisory" includes a note indicating that "employers are required to provide reasonable accommodations for persons with disabilities," simply having such an advisory on the "entrance requirements" section of a nursing program's website discourages students with disabilities from applying (National Organization of Nurses with Disabilities, personal communication, May 1, 2014). According to CCEPD stakeholder input and key informants, technical standards based on Appendix A are being used by many of California's nursing education programs with a chilling effect on the admission and participation of students with disabilities. NCSBN needs to be accountable for the pervasive impact of their 1997 document and should consider partnering with disability organizations to put forth technical standards reflective of a diverse population in the 21st century.

The history of the "essential functions" in nursing and their continued use in determining who can be a nurse has made nursing a particularly difficult profession for

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Table 1: Advisory for Career Choice: Mental and Physical Qualifications for Nursing (also called Essential Functions)

Professional nursing practice requires specific qualifications, abilities, knowledge, and skills. Typically, nursing employers specify these as "minimal essential standards and functions" for employment as a nurse. Although qualifications may vary among employers, the Nursing Program wishes to inform prospective students of the general nature of such qualifications. The following list is provided to enable applicants and accepted students to informally assess their own capabilities for nursing prior to entering the program.

1. Work in a standing position and do frequent walking for twelve hours.
2. Lift and transfer adult and child patients up to six inches from a stooped position, and push or pull the weight of an adult up to three feet.
3. Lift and transfer adult and child patients from a stooped to an upright position to accomplish bed to-chair and chair-to-bed transfers.
4. Use hands, wrists, and arms to physically apply up to ten pounds of pressure in the performance of specific procedures (e.g., to control bleeding, perform CPR).
5. Respond and react immediately to verbal instructions and requests, auditory sounds from monitoring equipment, and perform auditory auscultation of patients.
6. Be able to move freely and physically maneuver in small spaces.
7. Possess sufficient visual acuity to perform close and distant visual activities involving objects, persons, and paperwork, as well as the ability to discriminate depth and color perception.
8. Read calibrated scales of one-hundredth increments in not more than a three-inch space.
9. Possess sufficient fine motor skills and eye-hand coordination to use small instruments and equipment.
10. Discriminate between sharp and dull, hot and cold.
11. Perform mathematical calculations for preparation and administration of medications in a timely manner.
12. Communicate effectively in the English language, both orally and in writing, using appropriate grammar, spelling, vocabulary and word usage.
13. Comprehend verbal and written directions and make appropriate notations.
14. Access patient/client information electronically and document care provided.
15. Develop the ability to make appropriate and timely decisions under stressful situations.
16. Demonstrate sufficient endurance to complete a twelve hour clinical laboratory experience."

people with disabilities to enter today. Essential functions of employment are related to each particular employment setting. Assuming that one set of essential functions exists for all types of nursing occupations does a disservice to the profession, to patient care and outcomes, and to nursing students. The presence of technical standards should not suggest that they cannot be performed by a student with a disability with an appropriate accommodation. Too often technical standards are viewed as a way to "avoid risk" or "protect their program" rather than as a tool to facilitate student diversity; technical standards are viewed as an end-point, rather than a place to start the creative/educational process.

Accommodations and Nursing Students

As a profession, necessitating licensure to practice, nursing education requires thoughtful consideration of the academic and technical standards required to prepare high quality nurses. While nursing education programs are not required to modify their admission standards for students with disabilities or to substantially modify their programs, rethinking how the use of accommodations by students with disabilities can change education and practice. For example, a nurse who is blind can model everyday activities and has the potential to transform practice for many patients who are blind or have low vision. Amplified stethoscopes are useful for all new nursing students learning to accurately recognize lung, bowel, and heart sounds (Janet Levey, RN, PhDc, personal communication, July 6, 2014). Nurses who are wheelchair users can transform the life of a young patient who also uses a wheelchair for mobility simply by rolling into his or her hospital room.

Considering technical standards for the 21st century is useful and appropriate for considering these issues related to cultural competency and care. The ADAAA, advances in technologies, and a generation of students with disabilities who have grown up under the ADA provide an opportunity to rethink technical standards. For example, does a nursing student need to be able to auscultate and palpate in order to assess a patient or do they need to be able to understand or direct the process? With modern technologies, data generated from auscultation and palpation are available in a variety of ways. In the context of a complex health care environment and the need for nursing leadership, the issue of clinical experiences should be rethought in terms of what nurses with various disabilities may bring to the profession and what insights on needed changes those students may bring.

Standardized Technical Standards: Getting through "Clinicals"

Information bank. Other than accommodating students with learning disabilities, the literature on how colleges and schools of nursing facilitate disabled students is spare. Of particular concern is how to accomplish the clinical practice objectives of the program. Requirements for clinical practice learning vary state to state and clinical sites vary on accessibility. For example, a medical student who was blind and whose

career goal was to become a psychiatrist worked with the university's disability services to develop accommodations. The accommodations for the surgical rotation included having a physician assistant student audio describe all the activities being conducted during the surgery. Additionally, the medical student worked with patients before and after their surgery to understand the pre- and post-surgery impact (Sarah Triano, personal communication, May27, 2014).

Acccording to the National Organization of Nurses with Disabilities (Personal Communication, May 28, 2014), technology is changing the landscape of professional practice for nurses with and without disabilities [3]. The use of hand held devices in a clinical arena permits a nurse who is deaf or hard of hearing to be in constant communication with peers and supervisors through text messaging and feeling the vibration of the device. This type of technology is also less intrusive than an audible, loud beeper alert. Talking blood pressure devices that also offer a read out in large print of the patient's blood pressure and pulse permit nurses who have low vision to monitor their patients' vital signs. It is also a useful teaching tool for patients with low or no vision who also have hypertension or diabetes and need to monitor their blood pressure or blood sugars.

Accommodation myths. While information is lacking on accommodations for various student disabilities, they may not be as difficult to implement as thought. In the "Open the Door, Get 'Em a Locker: Educating Nursing Students with Disabilities" film [33], the protagonist, Victoria, who is a paraplegic, required very few accommodations while she was a nursing student. Students and nurses with hearing impairments use amplified stethoscopes and vibrating pagers [3], reducing noise pollution and enhancing a healing environment for patients. Title III of ADA requires accessibility of public accommodations for all employees and patrons of buildings. If a hospital or other clinical site is not accessible for clinical staff how will the facility be accessible for non-clinical staff, patients and visitors?

The view of nursing practice from a technological as well as holistic perspective will allow educators, regulators, and managers to position all nurses with disabilities as valued professionals who are capable of practicing safely, providing innovative care within their specialty areas, and enjoying their careers. As more students and role models with disabilities populate the nursing profession, we will see practice evolve with new ways of providing care. As noted by Evans [34], faculty members who initially resisted the entrance of a student with a disability into a nursing program often gain a new perspective of who can be a nurse [35]. Students and nurses with disabilities are influencing how traditional clinical tasks can be accomplished differently with no negative impact on the outcome.

Safety conundrum. The concern for safety of the public is paramount for regulators, educators, and administrators. Safety is also paramount to all nurses – with and without disabilities [3]. The *essential functions* perpetuate the ongoing discourse

that the "initial and/or continued competence of persons with disabilities to practice nursing" [31] is categorically different from any other minority group. The 1997 NCSBN position that "individuals do not always have insight into the implications of one's disability" rests in the opinion category and has not been documented scientifically [3]. Assumptions that nurses with disabilities pose an inherent risk to the public that is distinctly different from that posed by any other nurse is unsubstantiated and needs to be rigorously challenged. According to Neal-Boylan "…there are no documented incidents of a patient injury caused by a nurse with a physical disability [36]. The Institute of Medicine (1999) reports that medical errors are most often attributable to faulty systems, processes, and conditions [37] rather than the characteristics of individual clinicians or recklessness or the actions of a particular group [38]. From a minority perspective, disability status is no more a liability than one's ethnic/racial background or gender [3].

Perhaps a larger and unrecognized safety concern is the safety of people with disabilities who have long reported that health care professionals often lack knowledge and sensitivity about their disabilities, and focus more on their disabilities than their immediate health problems [3, 39] leading to mis-diagnosis or diagnostic over-shadowing [40]. Diagnostic over-shadowing, the process in which health care providers attribute the individuals presenting complaints and symptoms to his/her disability and neglect routine screening activities and mental health assessments, may also occur.

The exclusion of people with disabilities from the health care professions through court cases, the development of technical standards that exclude them, and misconceptions parallels the historical treatment of other under-represented groups, including women in the workforce. The physical ability of each group was presumed to be less than that of the mainstream due to the prescribed social norms. Additionally, the current treatment of people with disabilities mirrors that of the historical treatment of African Americans in the U.S. In both groups, the legal system was the vehicle through which socially contingent definitions were seen as immutable biological reality. The identities were couched in terms of neutral scientific principles that in turn prescribed people's appropriate social roles [41, 42]. While we now see race as a social construct [41, 43] and a politically contingent category [41] rather than a biologically absolute reality, society seems to have retained a medical paradigm for understanding disability [13] – that is, *different differences,* but *same struggle* [41].

Nursing Practice with Accommodations: Rethinking the Status Quo

System designs that meet diverse population needs. Health care educators and administrators recognizing the need to design systems that will meet the needs of diverse populations. The emergence of "cultural competence" in health care attempts to address the factors that contribute to disparities in health care services and to tailor services to meet consumers' social, cultural, and linguistic needs [4]. In a dialogue with nurses about cultural competence that did not include nurses with disabilities or

disability as a cultural issue, Lester [44] documented the importance of having a diverse nursing workforce in providing long-term, culturally competent care. Research has documented that black and Hispanic Americans sought care from physicians of their own ethnicity because of personal preference and language, not solely because of geographic accessibility. Further, nurses reported enhanced learning from working in diverse environments and working with co- workers of different cultural backgrounds [44]. Moreover, nurses had improved cultural competence learning when they interacted with faculty and fellow students who had diverse cultural backgrounds [21]. Because disability cuts across all ethnicities and cultures, these findings have implications for developing targeted strategies to increase the numbers of health care providers with disabilities who may support more effective communication within the health care delivery system for persons with and without disabilities

By including a variety of people with different life experiences, we will be able to promote both safety and positive patient experiences. For instance, having nurses who are hard of hearing or deaf and proficient with American Sign Language or lip reading can meet a vast unmet need that will enhance the safety of their patients and create a sense of security through communication [3]. Additionally, nurses who have a hearing loss often have an enhanced skill in being able to read lips which could easily be an essential job function when trying to communicate with someone who is only able to move their lips or has aphasia (Rush University, personal communication, August 15, 2014). Nurses with disabilities are often hyper-vigilant in regards to safe practice and understand, from personal experiences, the pitfalls of unsafe nursing care (National Organization of Nurses with Disabilities, personal communication, April 11, 2014). For example, one hospital in California has a respiratory therapist who is deaf and in high demand because she is the only person who can accurately read the lips of cancer patients who have recently undergone a tracheotomy and can't talk [45].

Accommodations and diversity. As we think about accommodations from a diversity perspective, rethinking the questions being asked is imperative. The first step is to analyze what is being asked [3]. For example, if a nurse or student nurse uses a calculator in a clinical setting*, does the use of a calculator create a fundamental alteration in the program or service?* The question is not what the disability is but rather what accommodations are required. See **Table 2** for an analysis of this accommodation request of a calculator in practice.

Table 2. Accommodation Steps: Request of a Calculator In Practice [3, 46]

Steps to Follow:
1. Consider the content being taught in the course and whether or not the use of the calculator fundamentally alters that content.
2. Is it essential to that program that a student **_not_** use a calculator. What is being tested? The faculty needed to be able to defend that the use of a calculator would create a fundamental alteration. Just because they require all of the students to not use a calculator does not mean that it would be a fundamental alteration for a student with a disability that needs to use one as an accommodation to do so. For example, if it's a fundamental math class that every student has to take, etc. to learn the fundamentals of algebra or something else then they need to look at how the student can demonstrate mastery of the information. This may require a different analysis than what is used with other students without this type of disability.
3. The fact that the various tests, etc. that the student will take for nursing boards, on the job, etc. don't require use of a calculator is a different matter.
4. First, examine the course that is being questioned and what is it fundamentally teaching or intending to teach. Second, examine alternatives in terms of accommodations that do not alter what is being taught.

Overarching questions to be asked:
1. Does the use of the calculator as a reasonable accommodation provide the students with an unfair advantage or undermine academic standards?
2. Is the ability to add, subtract, multiply, or divide accurately considered an essential part of what an exam/quiz is designed to test?

Philosophical shifts to improve care. The premise that traditional civil rights remedies do not engender costs, but disability accommodations do, is factually erroneous [41]. All civil rights, gender and racial/ethnic, actions have engendered cost in that they will change a prejudicial status quo, which arguably has been good for women and people of color. Statistics show that 98% of accommodations for people with disabilities are on average less than $500.00 with many accommodations having no associated costs or some costs can be shared through the vocational rehabilitation services (VRS). Some schools have developed innovative programs incorporating for-credit coursework for health professional students to provide accommodations for students with disabilities, such as note-taking or interpreting.

Nursing in the 21st Century: Creating Technical Standards to Improve Practice

Current technical standards in nursing education. The ongoing use of the *Functional Abilities Essential for Nursing Practice* to admit students into nursing programs nationwide, rather than academic qualifications and nondiscriminatory technical standards, at a minimum sets up a negative learning environment for students with disabilities and potentially more serious impact is the denial of admission of qualified students with disabilities [3]. Additionally, the current technical standards that include the physical standards by many schools across the country use are not being used consistently within schools and/or across schools. Thus a student with a disability may be denied in one school because they do not meet the technical standards, but will be accepted in another school with the same technical standards in place. Additionally, some schools are "waiving" their technical standards for some students with disabilities who do not meet the standards, while adhering to their technical standards for other students with disabilities.

Considering that the Davis case and the initial regulations promulgated for Section 504 are now over 35 years old, we need to think about technical standards in the 21st century and in the context of health care reform. Of equal importance is the value that nurses with disabilities bring to the profession and to the future sustainability of nursing. Technical standards need to reflect " what nursing is" and the "nursing role of the future." The ANA defines nursing as the following:

> the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations [47]

Central concepts defining nursing curricula are the person (individual, family, community receiving nursing care), the environment in which the person, family, community lives, the health-illness continuum, and nursing actions in to the person, environment and health-illness continuum [48]. These concepts are taking on new

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importance in considering the future of nursing and nurses with disabilities can have a positive impact in providing nursing care in the 21st century for a diverse population of patients and clients.

Additionally, in developing technical standards, accounting for the advances in technologies is critical; and, the fact that students entering nursing programs today have grown up with the ADA and have very different set of expectations and perspectives. Today, students with disabilities have often had accommodations in the past, have ideas on what does and doesn't work for them, and may be used to dealing with the specifics of accommodations. Nursing programs should develop technical standards taking into consideration what is essential for completion of the program.

Model technical standards for nursing education. In 1979, the American Association of Medical Colleges (AAMC) put forward five key areas for technical standards including having abilities and skills in the following areas: (1) intellectual-conceptual abilities; (2) behavior and social attributes; (3) communication; (4) observation; and, (5) motor capabilities. After the passage of the ADA, the AAMC made skills in five areas requirements for acceptance into medical school. Within the medical field, a discussion ensued about the usefulness of the five areas or categories. The Association of Academic Physiatrists (AAP) published a white paper regarding students with disabilities being denied admission to medical school. The paper noted that graduates of medical schools are not expected to acquire all technical skills and accommodation and alternatives should be considered. For example, a potential student with sensory difficulties should be able to demonstrate alternative means to acquire, convey and use the information. In regard to certain motor skills such as performing auscultation and placing IVs, the report stated that performance of all procedures independently is not necessary, but rather students should be able to learn and direct the methodology involved and to use the results [49].

Despite some controversy, the five areas or categories are commonly addressed in current technical standards for nursing students, medical students, OT students, social work students and others in the health professions. However, in today's complex healthcare environment categories such as motor and observation may not reflect the cognitive, communication and leadership skills needed for nursing professionals. Reichgott [30] suggested rethinking the categories of technical standards and suggested instead the following five: (1) acquiring fundamental knowledge; (2) developing communication skills; (3) interpreting data; (4) integrating knowledge to establish clinical judgment; and (5) developing appropriate professional attitudes and behaviors." These categories for technical standards address the "what" rather than "how" and are more conducive to advancing nursing practice in the 21st century and a report on necessary skills for future workforce 2020 [50] are incorporated within the standards and examples [51]. Technical standards should consider the following elements:

1. Be tied to what is taught in the curriculum and what is required for graduation.
2. Address what the profession is rather than ability to perform some specific skill.
3. Consider overall ability, not the particular way that an ability is manifested [3, 52].
4. Reflect the "what" rather than the "how" [52]. For example, consider the ability to *gather vital signs using variety of means* versus a unilateral assessment, such as, *must be able to hear a heart murmur through a stethoscope [3]*.
5. Must not be based on skills that a student will learn to do in a nursing program (e.g., *assessing heart murmurs*) – nor can students be tested on these skills before they are taught. Technical standards necessary for an educational program should include the tag-line, *able to meet these requirements with or without a reasonable accommodation* and should not be conflated with essential functions of a specific nursing job.
6. Must not be written with every potential reasonable accommodation that could be requested/needed in them. Technical standards document applies to all students.

See **Appendix A** for an example of a model technical standard for the 21st century. These standards also incorporate the AACN's set of competencies as outlined in *Essentials for Baccalaureate Education* and highlights such areas as "patient-centered care, interprofessional teams, evidence-based practice, quality improvement, patient safety, informatics, clinical reasoning/critical thinking, genetics and genomics, cultural sensitivity, professionalism, practice across the lifespan, and end-of-life care" (AACN, 2008b) [53]. The focus of the model technical standards for the 21st century aims to move nursing education to focus less on training students to be "task-oriented" for only acutely ill patients to a greater emphasis on nurses as knowledge workers who provide care in all types of settings with the competencies proposed by AACN.

The 2008 ADAA has changed the social and legal landscape in the United States by affording people with disabilities civil rights that are advancing their opportunities to move into specialized educational programs and seek employment opportunities in an area of their choice. They also should receive the accommodations necessary to perform the essential functions of the job. Technological advances in medical adaptive devices and computer technology have opened the doors to nursing in which disability can be viewed as an asset and in which patient safety can be ensured and not a liability. Recruiting and retaining nurses with disabilities has the profound ability to provide culturally relevant and competent care that cannot be provided if they are absent from the nursing profession [3]. The greatest change in perceiving our peers and patients with disabilities as fully human will occur when we embrace people with disabilities as colleagues with equal status.

Project EDUCATE. The following recommendations are proposed as next steps for state association of nursing education programs to promote the inclusion of students nurses with disabilities in nursing in the following areas:

- ***ENCOURAGE*** conversation about technical standards.

- ***DISSEMINATE*** information and examples on developing accommodations to facilitate the education.

- ***UNDERSTAND*** technical standards for education and essential functions for employment.

- ***CREATE*** training hubs for assistive technology and resources to schools and students.

- ***ADOPT*** technical standards and policies that are uniformly applied to guide advocacy for and support of students with disabilities in admission, matriculation & graduation.

- ***TRAIN*** faculty and staff on social model of disability.

- ***ENSURE*** data collection is being undertaken related to the participation of students with disabilities.

Currently, many technical standards for nursing programs in California and across the country are written in a manner that adversely impacts the equal participation of students with disabilities in nursing schools. The numerical impact of these standards is unknown, as the California Board of Registered Nursing, along with most Boards across the country, does not collect disability demographic data for the *Pre-Licensure Nursing Program Annual School Report or for the Biennial Survey of Registered Nurses.* By encouraging nursing education programs in California to adopt model technical standards based on nondiscriminatory language, partnering with the California Board of Registered Nursing (BRN) to ensure disability demographic data is collected as part of its regular reporting requirements and providing recommendation on supporting students with disabilities in nursing programs, the California Committee on Employment of People with Disabilities (CCEPD) aims to address this high impact barrier that is limiting educational and employment opportunities in California's healthcare workforce for students and workers with disabilities. As we eliminate barriers that restrict students with disabilities from being admitted into health professions education and identify effective strategies for accommodating and ensuring equal educational options, we have an exciting opportunity to transform nursing practice, create more employment opportunities, and ultimately improve patient care.

Citations

1.   *The Future of Nursing: Leading Change, Advancing Health*, 2011, Institute of Medicine (IOM): Washington, DC.
2.   Anonymous, *Census Bureau Releases 2009 American Community Survey Data*, 2010, PR Newswire Association LLC: New York.
3.   Marks, B., K. McCulloh, and R. Jones, *Beyond Goldilocks: Getting Disability Just Right with the Americans with Disabilities Act Amendments Act of 2008 in the Nursing Profession.* Article in Submission.
4.   Betancourt, J.R., A.R. Green, and E. Carrillo, *Cultural competence in health care: Emerging frameworks and practical approaches.* 2002, New York: The Commonwealth Fund.
5.   Cooper-Patrick, L., et al., *Race, gender, and partnership in the patient-physician relationship.* JAMA, 1999. **282**(6): p. 583-9.
6.   Morales, L.S., et al., *Are Latinos less satisfied with communication by health care providers?* Journal of General Internal Medicine, 1999. **14(7)**: p. 409-17.
7.   Saha, S., et al., *Patients-physician racial concordance and the perceived quality and use of health care.* Archives of Internal Medicine, 1999. **19(4)**: p. 76-83.
8.   Saha, S., et al., *Do patients choose physicians of their own race?* Health Affairs, 2000. **19(4)**: p. 76-83.
9.   Small, H., *Brucellosis and Psychology: Nightingale's "depression"*, in *Florence Nightingale: Influence & Inspiration*2010: London, England.
10.   Marks, B.A., *Jumping Through Hoops and Walking on Egg Shells or Discrimination, Hazing, and Abuse of Students with Disabilities?* Journal of Nursing Education, 2000. **39**(5): p. 205-210.
11.   *Americans with Disabilities Act of 1990*, in *Pub. L. No. 101-336, § 2, 104 Stat. 328 (1991)*, Stat. 328.
12.   Burgdorf, R.L., *Restoring the ADA and Beyond: Disability in the 21st Century.* 2008. **13 TEX. J. ON C.L. & C.R. 241.** .
13.   Areheart, B.A., *When disability isn't "just right": The entrenchment of the medical model of disability and the Goldilocks dilemma.* Indiana Law Journal, 2008. **83**(1): p. 181-232.
14.   M, J., *The disabilities act covers all of us. Ragged Edge*, 1999: Retrieved February 10, 2003, from http://www.ragged-edge-mag.com/extra/edgextraburgdorf.htm.
15.   Emens, E.F., *Disabling Attitudes: U.S. Disability Law and the ADA Amendments Act.* The American Journal of Comparative Law, 2012. **60**(1): p. 205-233.
16.   **RL, B.**, *Some lessons on equality from the Americans with Disabilities Act, White Paper*, in *Public Policy, Equality and Diversity in the Context of Devolution*2005, Cardiff University Cardiff, UK.

17. *ADA Amendments Act of 2008*, in *Pub.L. No. 110-325, § 2 (2008)*.

18. *An Act to restore the intent and protections of the Americans with Disabilities Act of 1990 (short title "ADA Amendments Act of 2008")*, 2008, Available at: http://www.govtrack.us/congress/bills/110/s3406/text.

19. JAN, *Accommodation and Compliance Series: The ADA Amendments Act of 2008*, in *U.S. Department of Labor, Office of Disability Employment Policy (DOL079RP20426)*. J.A. Network, Editor 2011.

20. Husband, J.M. and B.J. Williams. *YOU JUST MIGHT FIND . . . You get what you need–A practical guide to finding and managing disability accommodations*. in *American Bar Association Section of Labor & Employment Law, 4th Annual Section of Labor & Employment Law Conference*. 2010. Chicago, Illinois.

21. Marks, B., *Cultural competence revisited: nursing students with disabilities.* The Journal of nursing education, 2007. **46**(2): p. 70-74.

22. *U.S. Census Bureau, Current Population Survey-2012 Data*, August 2013, Compiled by EDD-Labor Market Information Division.

23. *Recovery 2020: Job Growth and Education Requirements through 2020*, June 2013, Georgetown Public Policy Institute Center on Education and the Workforce.

24. *2014 Nursing Education Programs*, California Community Colleges Chancellor's Office. : Sacramento, CA.

25. Kaye, H.S., *Barriers to employment for people with disabilities: Bad advice, poor health, and ineffective public policy.* Disability and Health Journal, 2010. **3**(2): p. e6.

26. R, R., *The new nursing shortage*, in *USA Today*2014: Retrieved May 7, 2014 online at: http://www.usatoday.com/story/money/business/2014/05/07/ozy-nursing-shortage/8807937/.

27. Release), P.P., *California Forecasts Nursing Shortage of 12,000 By 2014*: Retrieved on line at: http://www.prlog.org/10020506-california-forecasts-nursing-shortage-of-12-000-by-2014.html.

28. Rothstein, L., *Higher Education and Disability Discrimination: A Fifty Year Retrospective* Journal of College and University Law, 2010. **36**(University of Louisville School of Law Legal Studies Research Paper Series No. 2010-05.): p. 843-874.

29. Rothstein, L., *Millennials and Disability Law: Revisiting Southeastern Community College v. Davis: Emerging Issues for Students with Disabilities*, in *Legal Studies Research Paper Series Paper No. 2008-36* 2007.

30. Reichgott, M.J., *The Disabled Student as Undifferentiated Graduate: A Medical School Challenge.* JAMA, 1998. **279**(1): p. 79.

31. National Council of State Boards of Nursing, I., *Guidelines for Using Results of Functional Abilities Studies and Other Resources*, 1997, Nursing Practice & Educational Committee: NCSBN: Chicago, IL.

32. Pischke-Winn, K.A., K.G. Andreoli, and L.K.E. Halstead. *Students with Disabilities: Nursing Education and Practice Proceedings Manual*. in *Rush University College of Nursing Symposium on Nursing Students with Disabilities* 2003. Chicago, IL: Rush University College of Nursing.

33. Evans, B. and B. Marks, *Open the Door, Get 'Em a Locker*, 2009, National Organization of Nurses with Disabilities (NOND).

34. Evans, B.C., *Our students, our teachers: Nursing education for students with disabilities*, in *Annual Review of Nursing Education*. 2005, Springer: New York. p. 3-22.

35. Rhodes, R., D. Davis, and B. Odom, *Challenges and rewards of educating a profoundly deaf student.* Nurse Educator, 1999. **24**: p. 48-51.

36. Neal-Boylan, L., *End the Disability Debate in Nursing: Quality Care is a Fact.* Insight Into Diversity, 2013: p. 11.

37. Westbrook, J.I., et al., *Association of interruptions with an increased risk and severity of medication administration errors.* Archives Internal Medicine, 2010. **170**: p. 683-690.

38. *To err is human: Building a safer health system*, I.o. Medicine, Editor. 1999, National Academy Press: Washington, DC.

39. Gill, C.J., *Becoming visible: Personal health experiences of women with disabilities*, in *Women with Physical Disabilities: Achieving and Maintaining Health and Well-Being*, D.M. Krotoski, M.A. Nosek, and M.A. Turk, Editors. 1996, Paul H. Brookes Publishing Co: Baltimore. p. 5-15.

40. Marks, B. and T. Heller, *Bridging the equity gap: Health promotion for adults with developmental disabilities.* Nursing Clinics of North America, 2003. **38**(2): p. 205-228.

41. Stein, M.A., *Same Struggle, Different Difference: ADA Accommodations as Antidiscrimination.* 153 U. PA. L. REV. 579, 2004.

42. Halley, J.E., *Sexual orientation and the politics of biology: A critique of the argument from immutability.* Stanford Law Review, 1994. **46**(503): p. 546-66.

43. Abernathy, C.R., *Advocacy Scholarship and Affirmative Action.* 1997. **86 GEO. L.J. 377, 399 (book review)**.

44. Lester, N., *Cultural competence: A nursing dialogue part 2.* American Journal of Nursing, 1998. **98(9)**: p. 36-42.

45. Triano, S., *CCEPD's Stakeholder Input session at the California Association of Postsecondary Education and Disability Conference in October of 2013*, 2013.

46. Jones, R., *Technical Standards FAQs*, 2012, NOND, Chicago, IL.

47. ANA, *What is nursing?*, 2014, American Nurses Association: Retrieved from http://www.nursingworld.org/especiallyforyou/what-is-nursing.
48. Powers, B. and T. Knapp, *A dictionary of nursing theory and research*. 1990, Newbury Park, CA: Sage Publications.
49. AAP, *Recommended guidelines for admission of candidates with disabilities to medical school (developed by the Association of Academic Physiatrists).* American Journal Physical Medicine Rehabilitation, 1993. **72**(1): p. 45-47.
50. Davies, A., D. Fidler, and M. Gorbis, ***Skills Needed by 2020***, in *Skills Needed by 2020*, I.f.t.F. (IFTF), Editor 2011, University of Phoenix Research Institute: AZ.
51. Conner, M., *Ten Skills for the Future Workforce*, 2013.
52. Smith, M., *Developing Disability-Friendly Policies for Nursing Programs: Technical Standards Versus Essential Functions FAQs*, 2008, NOND, Chicago, IL.
53. AACN, *The Essentials of Baccalaureate Education for Professional Nursing Practice*, A.A.o.C.o.N. (AACN), Editor 2008: Washington, DC.

Appendix A: Model Technical Standard for Nursing Education Programs

<u>XX nursing program</u> has a responsibility to educate competent nurses to care for their patients (persons, families and/or communities) with critical judgment, broadly based knowledge, and well-honed technical skills. <u>XX nursing program</u> has academic as well as technical standards that must be met by students in order to successfully progress in and graduate from their programs.

Technical Standards: <u>XX nursing program</u> provides the following description/examples of technical standards to inform prospective and enrolled students of a sampling of technical standards required in completing their nursing science curriculum.[40] These technical standards reflect a sample of the performance abilities and characteristics that are necessary to successfully complete the requirements of <u>XX nursing program</u>. The standards are not requirements of admission into the programs and the examples are not all-inclusive.[41] Individuals interested in applying for admission to the programs should review these standards to develop a better understanding of the skills, abilities and behavioral characteristics required to successfully complete the programs. Key areas for technical standards in nursing include having abilities and skills in the areas of: (1) acquiring fundamental knowledge; (2) developing communication skills; (3) interpreting data; (4) integrating knowledge to establish clinical judgment; and, (5) incorporate appropriate professional attitudes and behaviors into nursing practice capabilities.

<u>XX nursing program</u> wishes to insure that access to its facilities, programs and services are available to all students, including students with disabilities (as defined by Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the ADA Amendments Act of 2008) and all students can study and practice nursing with or without reasonable accommodation accommodations. <u>XX nursing program</u> provides reasonable accommodations to all students on a nondiscriminatory basis consistent with legal requirements as outlined in the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the ADA Amendments Act of 2008. A reasonable accommodation is a modification or

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[40] Schools are not being asked to write technical standards for nurses/students with disabilities (Jones, 2012). Technical standards are written so that students with disabilities do not experience discrimination.

[41] Technical standard is what's used to determine whether or not someone is qualified, with or without a disability; and, the student with the disability should be afforded the opportunity to work toward meeting those standards with or without an accommodation (Jones, 2012). The educational programs need to understand what an accommodation is, how to analyze the limitation against what the standard is and how an accommodation may be utilized to meet that standard.

adjustment to an instructional activity, equipment, facility, program or service that enables a qualified student with a disability to have an equal opportunity to fulfill the requirements necessary for graduation from the nursing program. To be eligible for accommodations, a student must have a documented disability of (a) a physical or mental impairment that substantially limits one or more major life activities of such individual; (b) a record of such impairment; or, (c) being regarded as having such a condition.

Requirements	Standards	Examples
Acquiring fundamental knowledge	1. Ability to learn in classroom and educational settings 2. Ability to find sources of knowledge and acquire the knowledge 3. Ability to be a life-long learner 4. Novel and adaptive thinking	• Acquire, conceptualize and use evidence-based information from demonstrations and experiences in the basic and applied sciences, including but not limited to information conveyed through online coursework, lecture, group seminar, small group activities and physical demonstrations • Develop healthcare solutions and responses beyond that which is rote or rule-based

Developing communication skills	1. Communication abilities for sensitive and effective interactions with patients (persons, families and/or communities) 2. Communication abilities for effective interaction with the healthcare team (patients, their supports, other professional and non-professional team members) 3. Sense-making of information gathered from communication 4. Social intelligence	• Accurately elicit or interpret information: medical history and other info to adequately and effectively evaluate a client or patient's condition • Accurately convey information and interpretation of information using one or more means of communication (verbal, written, assisted (such as TTY) and/or electronic) to patients and the health care team • Effectively communicate in teams • Determine a deeper meaning or significance in what is being expressed • Connect with others to sense and stimulate reactions and desired interactions
Interpreting data	1. Ability to observe patient conditions and responses to health and illness 2. Ability to assess and monitor health needs 3. Computational thinking 4. Cognitive load	• Obtain and interpret information from assessment maneuvers such as assessing respiratory and cardiac function, blood pressure, blood sugar, neurological status, etc. • Obtain and interpret information from diagnostic representations of physiologic phenomena during a comprehensive

management	assessment of patients
	• Obtain and interpret information from assessment of patient's environment and responses to health across the continuum
	• Obtain and interpret for evaluation information about responses to nursing action
	• Translate data into abstract concepts and to understand data-based reasoning

Requirements	Standards	Examples
Integrating knowledge to establish clinical judgment	1. Critical thinking, problem-solving and decision making ability needed to care for persons, families and/or communities across the health continuum and within (or managing or improving) their environments – in one or more environments of care 2. Intellectual and conceptual abilities to accomplish the essential of the nursing program (for example, baccalaureate essentials) 3. New-media literacy 4. Transdisciplinarity 5. Design mindset	• Accomplish, direct or interpret assessment of persons, families and/or communities and develop, implement and evaluate of plans of care or direct the development, implementation and evaluation of care • Critically assess and develop content that uses new media forms, and to leverage these media for persuasive communication • Literacy in and ability to understand concepts across disciplines • Represent and develop tasks and work processes for desired outcomes

Incorporate appropriate professional attitudes and behaviors into nursing practice	1. Concern for others, integrity, ethical conduct, accountability, interest and motivation 2. Acquire Interpersonal skills for professional interactions with a diverse population of individuals, families and communities 3. Acquire Interpersonal skills for professional interactions with members of the healthcare team including patients, their supports, other healthcare professionals and team members 4. Acquire skills necessary for promoting change for necessary quality healthcare 5. Cross-cultural competency 6. Virtual collaboration	• Maintain effective, mature, and sensitive relationships with clients/patients, students, faculty, staff and other professionals under all circumstances • Make proper judgments regarding safe and quality care • Function effectively under stress and adapt to changing environments inherent in clinical practice • Demonstrate professional role in interactions with patients, intra and inter professional teams • Operate in different cultural settings (including disability culture) • Work productively, drive engagement, and demonstrate presence as a member of a virtual team

To be qualified for <u>XX nursing program</u> individuals must be able to meet both our academic standards and the technical standards, with or without reasonable accommodations. For further information regarding services and resources to students with disabilities and/or to request accommodations please contact the Office for Student Access.

California Youth Leadership Forum
Five-Year Strategic Plan

June 2014

INTRODUCTION

It seems like just yesterday that I was sitting in Desmond Hall at Sacramento State University listening to Catherine Kelly Baird, the Executive Director of the California Governor's Committee on Employment of People with Disabilities, congratulate me and 59 other students with disabilities on being selected as delegates to the first annual California Youth Leadership Forum (YLF) for Students with Disabilities in 1992. It was the last day of YLF and I can vividly remember something Catherine said in her closing remarks that has stuck with me for over twenty years. Catherine reminded us that as the first graduating class of YLF alumni, we had a responsibility and an obligation to return to our communities and give back the support we had received at YLF. Catherine shared her dream that one day YLF would be completely run and led by the alumni.

As we approach the 25th anniversary of YLF, we are now closer to achieving Catherine's dream than we have ever been. Since 1992, YLF has transformed the lives of over 1,077 youth with disabilities, many of whom are now successful adults, poised and ready to assume leadership of YLF. Building on the example set by the former Governor's Committee when it took bold action to create YLF, the current iteration of the Committee, the California Committee on Employment of People with Disabilities (CCEPD), has been equally bold in its efforts to ensure the longevity and expansion of the YLF model. Under the leadership of Chairperson Maria Nicolacoudis, CCEPD commissioned this five-year strategic plan to not only talk about an alumni-led YLF, but to also put the specific steps in place to make that dream a reality.
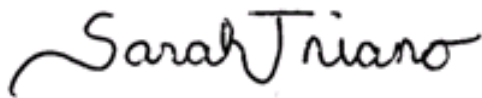
One of those steps is the transition from the current state-led steering committee planning structure to a permanent, alumni-led organization supported by public and private partners. Our vision is that this alumni-led organization will have the staffing and funding necessary to not only handle the planning and coordination of the weeklong Forum in Sacramento, but to also expand the reach of the YLF model to an even greater number of youth with disabilities through the creation of regional leadership institutes and opportunities for ongoing alumni leadership development.

Equally important, however, is the need to recognize the multiple cultural identities of the youth served by YLF, acknowledge the intersections of multiple oppressions, and

support the inherent connection of the disability struggle to the larger struggle for social justice and liberation. A key priority of this strategic plan is conscious action to establish partnerships with youth leadership projects for other diverse cultural communities so that we may, in the words of Grace Lee Boggs, "transform ourselves from victims, service providers, and members of an identity struggle to pioneers in creating a new, more humane and just society for all."

Like many of my fellow alumni, the journey I began at YLF twenty-two years ago has come full circle. We are living testaments to the effectiveness of the YLF model and must do everything within our power to strengthen that model and ensure it is available for generations to come. "A dream you dream alone is only a dream," John Lennon once said, "but a dream you dream together is reality." An alumni-led YLF is no longer the solitary dream of a visionary named Catherine Kelly Baird. It is a dream we are now dreaming together and this strategic plan will hopefully bring us one step closer to that reality.

Dream on! Lead on!

Sarah Triano, Executive Officer

California Committee on Employment of People with Disabilities

1992 YLF Alumnus

TRANSMITTAL LETTER

June 2014

Dear YLF Community,

It is with great pleasure that the California Committee on Employment of People with Disabilities and key representatives of the Youth Leadership Forum for Students with Disabilities (YLF) community present the *2014 YLF Five-Year Strategic Plan (YLF Strategic Plan).* This strategic plan is a major milestone for YLF as it assesses the future and the many opportunities to build upon its successes.

This strategic planning development process is part of an effort to find ways for YLF to continue reaching out to and supporting youth with disabilities in California and beyond. From external studies and ongoing communications with stakeholders, there was a clear call to address new pressures on our program, and confusion regarding YLF's planning structure from year to year. Another desire many communicated was to expand the week-long program to reach more youth with disabilities, to support alumni engagement efforts after the event, and to build upon past successes of program guidance and national influence. It is important to note that future regional program expansion efforts are interconnected with the need to assess and develop a plan to build an organizational structure to support those additional new efforts. To this end YLF seeks to envision a larger overall umbrella organization where the YLF week-long event is one program of the larger organization.

The *YLF Strategic Plan* provides a clear vision for where and how YLF will expand the reach of the seminal week-long program and the organizational structure necessary to support the program planning efforts. The identified goals seek to stretch YLF beyond its current boundaries and aspirations, at the same time balances feasibility and practicality of its current realities.

To create the *YLF Strategic Plan*, a group of key representatives from YLF alumni, partners and affiliates came together and worked diligently to make this document happen. We are truly inspired and appreciative of their dedication, interest, and willingness to engage in our strategic planning process. We conducted an online stakeholder survey to collect information about what to include in the *YLF Strategic Plan*, as well as hosted two stakeholder workshops to identify and validate the goals and objectives. We want to thank all who participated and shared their ideas, thoughts, and suggestions as we took this journey.

Sincerely,

Maria Nicolacoudis, Chair
California Committee on Employment of People with Disabilities

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Organizational Background & Context

Starting in the late 1980's through the (former) California Governor's Committee for Employment of Disabled Persons, government and other key stakeholders came together and envisioned a forum that embraced the philosophy of disability culture and taught students to understand and not be ashamed of their experiences as people with disabilities. The need for such a forum was in part the result of the great success of important policy shifts toward "mainstreaming" and "full inclusion". These social concepts did much to dismantle segregated education for young people with disabilities. But they also encouraged an environment that rewarded youth for attempting to fit in and for denying their unique experiences as people with disabilities. Out of these initial efforts, and to address lack of programs dedicated to these ideals, the California Youth Leadership Forum for Students with Disabilities (YLF) was created.

In the early years the program thrived and allowed a unique forum for young people to learn key life skills, network with peers, and develop leadership abilities. However, many changes have occurred since the original formation of the YLF including an increased involvement of YLF alumni and external partners, legislative updates, and important societal evolution. As a result—and with the 25 year anniversary in 2016 in mind—the need for a thorough review of these internal and external influences became clear to understand the landscape where YLF will need to move into in order to thrive in the future. To this end YLF seeks to envision a larger organization (hereafter referred to as the "YLF umbrella organization"; the permanent name will be determined early in the strategic plan implementation) where the YLF week-long event is one program of the larger organization.

Vision & Mission

The YLF umbrella organization envisions a future with fully inclusive communities in California led by a new generation of leaders that value the dignity, equality, freedom, and worth of every human being where:

- Disability is celebrated as a fundamental part of California's diversity.
- People with disabilities experience economic self-sufficiency, interdependent living, and full inclusion as members of California's economic, social, and political life.
- All young people with disabilities have the resources, support and opportunities to achieve personal, educational, and professional success.

The YLF umbrella organization is a statewide, community-based organization founded in 2014 that is built on a partnership of alumni, board members, volunteers, and public and private partners that have come together since 1992 to support the model California Youth Leadership Forum for Students with Disabilities. The YLF umbrella organization's mission is to open doors to academic achievement, career growth, and leadership opportunities for the next generation of California's leaders with disabilities by:

- Deepening their appreciation of disability history,

- Strengthening their disability cultural identity and pride in a way that is inclusive of their multiple identities,

- Strengthening their community connections through exposure to successful role models with disabilities and opportunities for civic engagement, and

- Exposing them to California's public policy process so they may participate fully in the state's economic, social, and political development.

Guiding Principles and Core Values Summary

Guiding Principles drive YLF and the future organization in its mission, and include:

- Developing youth leaders from diverse backgrounds, including those with disabilities, is critical to California's success.
- The YLF umbrella organizational activities should be led by role models encompassing the full range of disabilities.
- Knowledge of disability history and culture is an essential part of disability leadership development.
- The YLF umbrella organization is committed to developing leaders that encompass the full range of diversity, including diversity of disability, ethnicity, cultural background, sexual orientation, opinion, and regional area.
- Providing resource information regarding college completion, career development, and independent living is an essential part of personal development and successful post-school outcomes for youth with disabilities.

Core values provide the cultural compass for YLF and the future YLF umbrella organization, and include:

- Seek out presenters, role models, and teachers from the disability community to help inspire leadership by demonstrating vision, knowledge, integrity, loyalty, pride, passion and service through the delivery of quality programs and opportunities.
- Empower youth with disabilities by providing information about disability culture. YLF will also support the development of youth with disabilities identities' and disability pride.
- Support youth with disabilities as they gain advocacy skills for themselves and for the larger disability community.
- Support youth with disabilities by giving them the tools and information they need to participate in their community.
- Instill a sense of responsibility in youth with disabilities to participate and make a difference in their communities (including but not limited to the disability community) and provide support for their efforts.

- Foster a sense of community that celebrates and embraces the full spectrum of diversity, including diversity of disability, ethnicity, cultural background, sexual orientation, opinion, and regional area.
- Foster an environment that values and practices leadership skill building, resourcefulness, and encourages personal growth and individual and collective empowerment through participation in the overall organizational activities and events.
- Build the capacity of youth with disabilities to obtain and excel in high level positions of power and influence.

Goals and Objectives

The YLF umbrella organization's goals and objectives include:

5. **Goal #1**: Develop a sustainable organization structure that supports planning for the YLF week-long event, and allows for future expansion and alumni engagement.

6. **Goal #2**: Based on the structure selected for the organizational format, YLF will develop a sustainable financial model.

7. **Goal #3**: Seek ways to grow and expand YLF efforts as a program, so many youth with disabilities participate and engage in empowerment and community building activities year-round.

8. **Goal #4**: Through collaboration, YLF will seek to enhance and celebrate participant's different identities by engaging with youth leadership projects for other diverse cultural communities.

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YLF FIVE-YEAR STRATEGIC PLAN

2014-2019

CHAPTER 1

ORGANIZATIONAL BACKGROUND & CONTEXT
What Brought Us to This Point?

In 1989, during a planning retreat of the (former) California Governor's Committee for Employment of Disabled Persons, the committee members and staff decided that they needed to focus their future activities more on the needs of young people with disabilities to truly impact the increasingly high unemployment rate of all Californians with disabilities.

The committee, a group of dedicated volunteers from private industry, state government agencies, nonprofit organizations and other disability community partners, was administered under the State Employment Development Department. They recognized that existing employment training programs and education were insufficient. They directed staff to work with the members to identify a strategy to promote the employment of all people with disabilities more effectively by doing more to inspire and prepare disabled youth. They felt that developing the leadership skills of young people with disabilities could help them as individuals and also impact the overall community of people with disabilities.

The committee staff immediately began to explore existing youth projects and to develop a tentative plan of action. The Executive Director had for many years admired the success of the Chicano Latino Youth Leadership Project (CLYLP), co-founded by a friend and colleague. Its emphasis was on understanding and embracing its culture as the foundation of leadership. This seemed like a critical component missing in employment preparation programs. Concurrently, the committee's lead analyst discovered the successful youth leadership principles of the Hugh O'Brien Youth Leadership Project (HOBY). The Education and Youth Subcommittee of the Governor's Committee began convening a task force specifically to develop a new project for youth with disabilities to confront the barriers to employment and social participation faced as they become adults.

The group envisioned creating a forum that embraced the philosophy of disability culture and taught students to understand and not be ashamed of their experiences as people with disabilities. The need for such a forum was in part the result of the great

success of important policy shifts toward "mainstreaming" and "full inclusion". These social concepts did much to dismantle segregated education for young people with disabilities. But they also encouraged an environment that rewarded youth for attempting to fit in and for denying their unique experiences as people with disabilities.

The California Youth Leadership Forum for Students with Disabilities (YLF) was created by the (former) California Governor's Committee for Employment of Disabled Persons and first produced in July 1992. The first approximately ten years of the project were funded primarily by private/corporate sponsors. Many volunteers worked with the Governor's Committee members and staff to develop the innovative YLF curriculum, including volunteer members of affiliated local "mayors" committees. It was based both on existing successful youth leadership projects and original concepts that teach young people how to effectively reach their career and personal potential. The YLF model has proven to be extremely successful as a teaching model for young people with disabilities. The annual, week-long, statewide training provides a powerful formative experience to high school juniors and seniors with disabilities, accelerating their learning and building confidence, self-advocacy, and recognizing the importance of interdependence and civic engagement.

The unique success of YLF was recognized by Tony Coelho, then Chair of the President's Committee on Employment of People with Disabilities, the national affiliate of the California Governor's Committee. He secured funds to train the staff of all interested states and territories on how to replicate this project. Two national trainings were produced by California, and approximately 30 states and Puerto Rico developed projects. Subsequently, the coalition of these projects created the Association of Youth Leadership Forums (AYLF) for mutual project support.

Starting in 2005, when new legislation resulted in a reorganization of the Governor's Committee, the planning and management of the YLF event shifted from the Governor's Committee to a Steering Committee of YLF partners. Over the years, YLF Alumni have become more involved with planning the YLF event and have been seeking ways to expand the impact of YLF. Planning partners and YLF alumni have expressed interest in providing follow-up services and supports to alumni after they leave the week-long event, as well as investigating ways to reach more youth with disabilities with the messages YLF provides. To this end YLF seeks to envision a larger YLF umbrella organization where the YLF week-long event is one program of the overall organization.

In 2016, the 25th anniversary of YLF will occur, and such an event is possible through the hard work and dedication of those who helped make YLF great and continue to contribute towards a bright future for the YLF umbrella organization.

What Impacts Our World?

As YLF reflects back on its rich history and the events that led to its creation, the time is right to understand the trends and forces at play that influence YLF now—in order to strategically position YLF and the YLF umbrella organization for upcoming years. These circumstances constitute an 'environmental scan' of strengths and challenges, as well as opportunities and threats. Together they paint the picture of the 'now' that must be considered and understood in order to move forward with direction and foresight.

Core Strengths*:* the hallmark of YLF is the dedication of the student delegates to participate in the yearly program, as well as the planning partners that help make the experience a success. The long-term value of YLF is exemplified by the dedication and involvement of the alumni network where scores of past delegates serve as mentors and volunteer staff to the current generation of attendees. These networks of passionate role models exemplify the values and goals of the YLF experience and continue to develop future leaders. The dedication of state departments and other profit and non-profit partners that assist in the annual planning of YLF and contribute funding and in-kind services is also a key asset.

Organizational Challenges: although the high quality of delegates and staff involved are the key to the program's success, people cannot act alone—they require support,

resources, and leadership from both within and outside of government. The YLF program has seen its mission challenged by minimal staff support and static outside assistance. Key partners, alumni assistance, funding, and communication methods have largely stayed the same for several years while external pressures to change and adapt have continued to mount. As a result, the organizational model of a primarily government run steering committee has come into question as to whether this approach is the best way to support YLF and the future YLF umbrella organization going forward.

Emerging Opportunities: The YLF umbrella organization is uniquely positioned to capitalize on California's supportive atmosphere towards changing social trends. As evidenced through the recent movement of marriage equality and immigrant rights policies in the state and nationally, a pattern of tolerance and inclusiveness continues to build which offers a chance to leverage past YLF programs and approaches to a new level of productivity, branding and awareness. Further, the successful track record of the YLF week-long event has allowed program sponsors and staff to begin thinking beyond this one event as the only activity used to achieve overall goals. Collaborative-minded and innovative partners in various pockets of the state have either developed or expressed an interest in developing regional youth leadership events, potentially offering a structural opportunity for further expansion of YLF into the larger YLF umbrella organization.

External Threats: it would be unwise to deny that the impacts of the great recession continue to linger, even if progress since that difficult time has greatly improved. State and local budgets in California are no longer slashing budgets, yet justifying continued and new expenditures in the area of disability programs remains a challenge.

As a result, YLF program administrators and partners must remain ever-diligent to avoid losing the small improvements in momentum seen. These budgetary pressures will continue to affect recruitment, pre and post event communication, and core staffing.

What Do We Need to Consider Going Forward?
These diverse opportunities and challenges provide a thematic guide of critical issues which require a sustained and creative application of collective energy among the YLF community to ensure future success. Not only is it possible—it is critically important for

the equal rights of the disability community in California. YLF future leaders are the key.

Overall themes of critical areas to address for future YLF umbrella organization success include:

- **Sustainability** – the YLF program and partner network must find and develop ongoing financial resources, organizational structures, and staff support to ensure a stable future.
- **Engagement** – successful recruitment of YLF delegates and retention of alumni through proven, as well as innovative new communication systems that will create a mutually responsible, resilient, and empowered network of participants.
- **Leadership development and empowerment** – California's disability community will not thrive without the future leaders emerging from the young adults taking part in the YLF umbrella organization programs.
- **Expansion** – it is not enough to only fulfill the original goals of the program as envisioned many years ago. The disability community expects and needs a diverse and fully inclusive YLF umbrella organization that can help lead a proactive agenda into the future and evolve beyond what has been the past norm.

VISION AND MISSION

While the vision and mission of the week-long YLF event have long been established, the Strategic Planning Design Team felt it was necessary to develop a new vision for the larger overall YLF umbrella organization, of which the week-long event is one part.

Vision

A vision statement is an image of the mission accomplished, and reflects an ideal future state.

The Vision Statement is:

The YLF umbrella organization envisions a future with fully inclusive communities in California led by a new generation of leaders that value the dignity, equality, freedom, and worth of every human being where:

- Disability is celebrated as a fundamental part of California's diversity.
- People with disabilities experience economic self-sufficiency, interdependent living, and full inclusion as members of California's economic, social, and political life.
- All young people with disabilities have the resources, support and opportunities to achieve personal, educational, and professional success.

Mission

The mission statement defines an organization's purpose, and shares with the world "who we are, why we exist, and what we do."

The Mission Statement is:

The YLF umbrella organization is a statewide, community-based organization founded in 2014 that is built on a partnership of alumni, board members, volunteers, and public and private partners that have come together since 1992 to support the model California Youth Leadership Forum for Students with Disabilities. The YLF umbrella organization's mission is to open doors to academic achievement, career growth, and leadership opportunities for the next generation of California's leaders with disabilities by:

- Deepening their appreciation of disability history,

- Strengthening their disability cultural identity and pride in a way that is inclusive of their multiple identities,
- Strengthening their community connections through exposure to successful role models with disabilities and opportunities for civic engagement, and
- Exposing them to California's public policy process so they may participate fully in the state's economic, social, and political development.

GUIDING PRINCIPLES

Guiding principles help set the tone of how to achieve goals. These principles reflect procedural priorities, shared processes, and the rules of engagement of how the YLF umbrella organization will work to implement efforts designed to meet its desired objectives.

The Guiding Principles are:

- Developing youth leaders from diverse backgrounds, including those with disabilities, is critical to California's success.
- The YLF umbrella organization activities should be led by role models encompassing the full range of disabilities.
- Knowledge of disability history and culture is an essential part of disability leadership development.
- The YLF umbrella organization is committed to developing leaders that encompass the full range of diversity, including diversity of disability, ethnicity, sexual orientation, cultural background, opinions, and regional area.
- Providing resource information regarding college completion, career development, and independent living is an essential part of personal development and successful post-school outcomes for youth with disabilities.

"One of my many dreams and aspirations is to change my community and be a preacher of change that will make people with disabilities included and an integral part of society." – Recent YLF Participant

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CORE VALUES

The core values are the fundamental perspectives held by YLF, and reflect the collective culture and priorities that steer the strategic planning effort – from personal and professional viewpoints translated to the strategic planning process.

- Seek out presenters, role models, and teachers from the disability community to help inspire leadership by demonstrating vision, knowledge, integrity, loyalty, pride, passion and service through the delivery of quality programs and opportunities.
- Empower youth with disabilities by providing information about disability culture. YLF will also support the development of youth with disabilities identities' and disability pride.
- Support youth with disabilities as they gain advocacy skills for themselves and for the larger disability community.
- Support youth with disabilities by giving them the tools and information they need to participate in their community.
- Instill a sense of responsibility in youth with disabilities to participate and make a difference in their communities (including but not limited to the disability community) and provide support for their efforts.
- Foster a sense of community that celebrates and embraces the full spectrum of diversity, including diversity of disability, ethnicity, cultural background, sexual orientation, opinion, and regional area.
- Foster an environment that values and practices leadership skill building, resourcefulness, and encourages personal growth and individual and collective empowerment through participation in the overall organizational activities and events.
- Build the capacity of youth with disabilities to obtain and excel in high level positions of power and influence.

CHAPTER 2

GOALS AND OBJECTIVES

Each of the following goals are identified desired end results to achieve in the next three or more years. The goals reflect the most important strategic issues for the YLF model as a whole, and while the goals are realistic and achievable, they seek to stretch and challenge YLF as one program that is part of the larger YLF umbrella organization.

Goal #1 – **Develop a sustainable organization structure that supports planning for the YLF week-long event, and allows for future expansion and alumni engagement.**

The YLF Strategic Planning Team and community aspires to develop and implement an organizational structure that supports and maintains established partnerships, while creating a base that enables opportunities for program growth and expansion throughout California so more youth are able to participate and gain experience through the larger YLF umbrella organization.

Objectives

1) Investigate options and choose internal organizational structure that may best provide an optimal long-term format for success and provides for expansion and engagement of alumni. The following are elements to be addressed:
   a. General organization and governance structure to include a staffing plan.
      - Options may include, among others: Standalone 501c3, subsidiary of another organization such as Friends of Californian with Disabilities, Inc., or a hybrid structure.
      - Determine how to incorporate and prioritize alumni leadership in directing and managing the YLF umbrella organization, and leverage alumni connections and networks.
      - Determine how that organization will involve current public and private partners.
2) Develop a name for the new YLF umbrella organization.
   a. Seek alumni input to identify potential names.

3) Develop a plan to facilitate an effective and seamless transition to a new structure.
    a. If appropriate, establish organizational board and hire key staff.

Goal #2 – Based on the structure selected for the organizational format, YLF will develop a sustainable financial model.

In order to support a new organizational structure and desired opportunities for program expansion, the YLF Strategic Planning Team and community will seek out information about feasible and appropriate financial funding sources and communication tools. With the information compiled, the team will implement an appropriate and sustainable financial model that supports existing programs and partnerships and future program expansion.

Objectives

1) Maintain and further develop funding for the YLF week-long event.
    a. Maintain and grow existing state agency and private funding streams to support the week-long YLF event in Sacramento.
    b. Identify ways to engage YLF alumni in fund development activities, including leveraging alumni connections, presenting to potential sponsors, etc.
2) Create a development plan to secure resources for the establishment of the YLF umbrella organization.

    a. Develop a budget to support the organizational structure defined in Goal 1.

    b. Document the cost-effectiveness and social return on investment of the YLF model.

    c. Identify potential funding sources (grants, etc.) and apply for funding.

    d. Engage YLF alumni in fund development activities, including leveraging alumni connections, presenting to potential sponsors, etc.

3) Identify ways to fund the YLF umbrella organization's additional activities and programs.
    a. Develop a budget needed to support activities and programs.

   b. Identify potential funding sources (grants, in-kind services, etc.) and apply for funding.

   c. Engage YLF alumni in fund development activities, including leveraging alumni connections, presenting to potential sponsors, etc.

Goal #3 – Seek ways to grow and expand YLF efforts as a program, so more youth with disabilities participate and engage in empowerment and community building activities year-round.

The two main components of this goal are to plan for and facilitate future opportunities to expand and reach more California youth with disabilities, and to develop a plan to connect alumni with each other as peers and as mentors and role models to youth with disabilities. YLF Alumni are currently apart of planning the YLF week-long event and are eager to assist with other activities. They also sense the importance of having a strong alumni presence as part of the YLF umbrella organization. Much, but not all, of the expansion will need to occur after the establishment of the YLF umbrella organization.

Objectives

1) The YLF umbrella organization will develop a plan to effectively communicate with alumni in order to maintain and grow networks, to include:
      a. Mechanisms for ongoing communication.
      b. Tracking of alumni areas of expertise, networks, interests, etc.
2) The YLF umbrella organization will create a plan for programmatic expansion to reach more youth with disabilities in the state, to include, among others:
      a. Regional youth leadership events and opportunities that will serve as feeder events to Identify strong youth leaders to attend the week-long forum in Sacramento.
      b. Fellowships and internships.
      c. Mentorships.
      d. Positioning alumni as leaders of programmatic efforts throughout the state.
      e. Connecting youth to local, regional, and statewide civic engagement opportunities.
3) The YLF umbrella organization will create a plan to facilitate alumni engagement efforts, to include, among others:

a. Opportunities to continue alumni development as leaders, including serving as mentors for other delegates and applicants not selected to attend YLF, participating in a fellowship or internship program, networking with other alumni and involvement in planning workgroups for YLF and other YLF umbrella organization activities.

b. Incorporate requirements for student delegates to commit to one or more of the following activities after YLF, including but not limited to:

    i. A specified number of volunteer hours in support of project activities;

    ii. Serving on a local, regional, statewide or national advisory body;

    iii. Presentation at a local rotary or service club on YLF and sponsorship opportunities;

    iv. Conducting outreach for future YLF applicants; and/or

    v. Presenting at a local school or other program/event for youth with disabilities on disability history/disability culture.

Goal #4 – **Through collaboration, YLF will seek to enhance and celebrate participant's different identities by engaging with youth leadership projects for other diverse cultural communities.**

YLF seeks to expand engagement with other cultural youth leadership projects around the state so that all alumni have an opportunity to learn about diverse communities and cultures and find unity in diversity.

Objectives

1) Convene a meeting and invite the planning leadership from other cultural youth leadership forums to discuss opportunities for future collaboration. Ideas for future collaboration include:

    a. Implement regional get-togethers after the YLF week-long event (or possibly during Sacramento event) for cross-sharing of information.

2) Build in a curriculum component related to intersectionality (understanding that individuals have multiple, interacting identities that facilitate certain privileges or inequalities) and celebrating different identities.

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3) Develop a mechanism to provide cross-pollination between the programs of the YLF umbrella organization and other cultural leadership projects.
4) Focused recruitment and targeted outreach to other cultural leadership forums to identify youth from diverse backgrounds.
5) Establish participation goals so that students, staff, and speakers reflect the racial, ethnic, religious, socioeconomic, and sexual identity diversity of California.

ACKNOWLEDGEMENTS

The YLF Strategic Planning Team would like to acknowledge and thank all those who helped contribute to the development of the *2014 Five-Year YLF Strategic Plan*.

YLF Strategic Planning Design Team:

- Catherine Kelly Baird
- Catherine Campisi
- Mark Hanohano
- Charlie Kaplan
- Jessica Lehman
- Christina Mills

Stakeholder Workshops Participants:

- Michelle Alford Williams, California Department of Rehabilitation
- Ariel Ashe-Ramirez, Alumni
- Grecia Aviles, Alumni
- Sam Buman, Alumni
- David Henager, Alumni
- Pam Porteous Hunt, California Department of Rehabilitation
- Rosie McDonnell, Alumni
- Hector Ochoa, Alumni
- Hyla Rachwal, Student Commissioner for Advisory Commission on Special Education
- Darian Smith, Alumni
- Jonny Vallin, Alumni
- Kevin-Dat Vu, Alumni
- Kristin Wright, California Department of Education

Online Stakeholder Survey Participants:

While responses to the online stakeholder survey were anonymous, the YLF Strategic Planning Team would like to thank the California YLF alumni and planning partners, as

well as individuals involved in other youth leadership programs throughout California and the United States who responded.

YLF Strategic Planning Intern:

The YLF Strategic Planning Team would like to especially thank YLF Alumni Mike Yamagata for his excellent work and assistance on the project as the YLF Strategic Planning Intern.